

Name
in
Full

Margaret Pearl Ambrosius

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

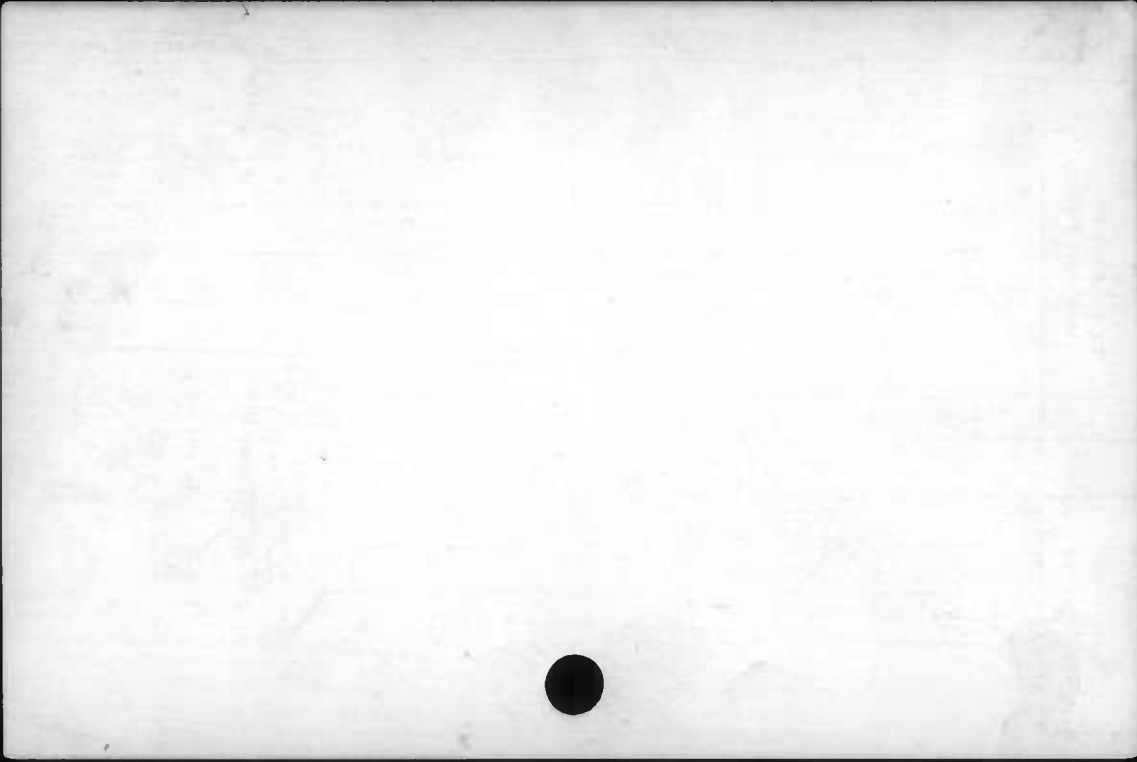
Died at <u>Dorsey</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death 19 <u>80</u>	Month <u>April</u>	Day <u>2</u>	Age <u>17</u>	Years <u>11</u>	Months
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>resided at place of birth</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband _____				
Father's Name <u>Joseph Ambrosius</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Margaret Rinsmider</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Joseph Ambrosius</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>3 years</u>
Immediate <u>Dorsey</u>	How long <u>same</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Arthur Williams</u>
	Address <u>Elk Ridge Ind</u>
Accident or Suicide <u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Date
of death

1900

Month

Apr

Day

22

Age

Years

39

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Calbert Co Md

Occupation

House Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

John H. Boose

Father's
Name

Henry Coch

Father's
Birthplace

Calbert Co Md

Mother's
Maiden Name

Maria Beede

Mother's
Birthplace

" " "

Name of person giving
Information

Thomas Coch

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Progressive Paralysis

How long

67 Months

Immediate

Asthenia

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide

PHYSICIAN
OR CORONER

Aug 1861.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Thomas Brose</i>		Town <i>Mailey</i>		County <i>Time Arundel</i>		MARYLAND	
Died at <i>Mailey</i>		Month <i>April</i>		Day <i>6</i>		Years <i>52</i>	
Date of death <i>1910 April 6</i>		Age <i>52</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>male</i>		Color or Race <i>African</i>		Birth-place <i>A A C D</i>			
Occupation <i>laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Catherine</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Mary Catherine Brose</i>				How related to deceased <i>wife</i>			

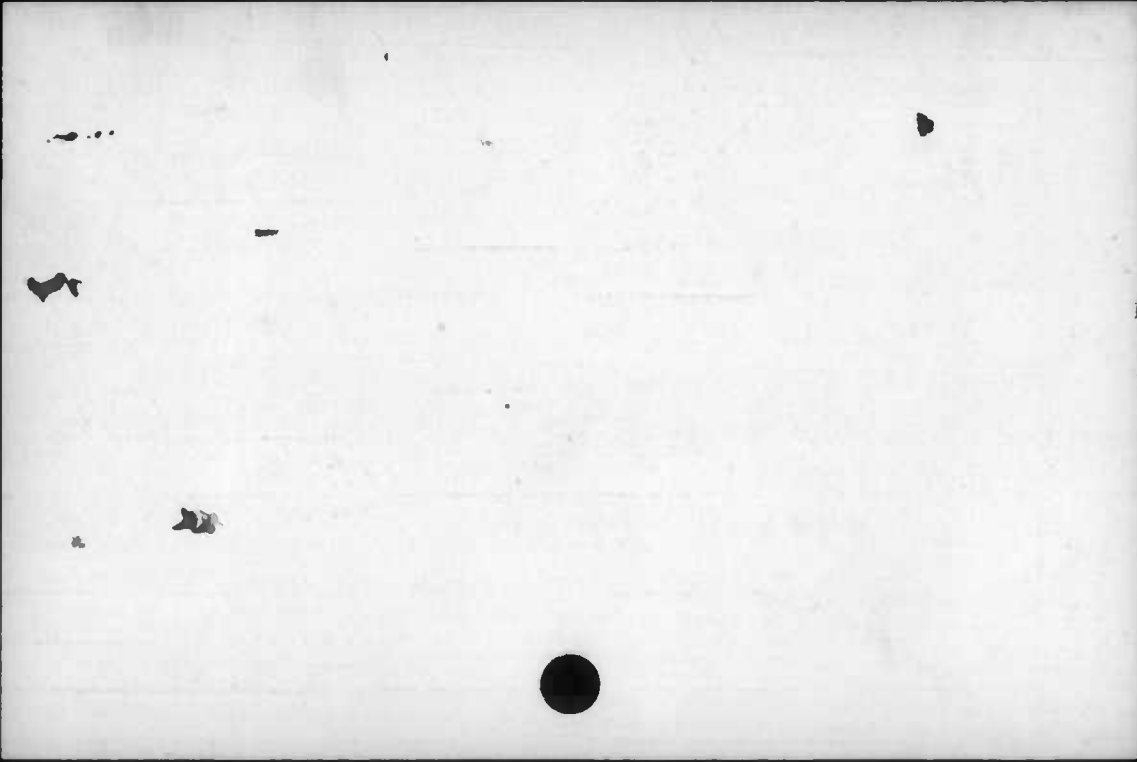
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>by</i>
Immediate <i>Gangren</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thomas H. Bragdon</i>
	Address <i>Gen. Purme</i>
Accident or Suicide?	



Name in Full		Samuel Bradley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		50. Balto		County Ala-	
		Date of death		1910 Apr 7		Age 80	
		Sex		Male		Color or Race White	
		Occupation		Ship Joiner		Where Residing if not at place of death	
		Married, Single or Widowed		Name of Wife or Husband		Sarah Bradley	
		Father's Name		Unknown		Father's Birthplace Md	
		Mother's Maiden Name		Unknown		Mother's Birthplace Md	
Name of person giving information		Sarah Bradley		How related to deceased		Wife	
PHYSICIAN OR CORONER		CAUSES OF DEATH				154 ✓	
		Primary				General Debility	
		Immediate				Heart Failure	
		Are the name, age, sex, color, date and place correctly given above?				yes	
		Signature of Physician				J. H. B. Fortson Md	
Address				50. Balto, Md.			
Incident or Cause of Death							



Name
in
Full

Alice Brandford

CERTIFICATE OF DEATH

Died *Mar Harman* Town*Anne* County

MARYLAND

Date of death *1960* Month *April*Day *2nd*

Age Years

Months *1*Days *7*Sex *Female*Color or Race *Coloured*Birth-place *Harman Adels Md*Occupation *(none)*Where Residing if not at place of death *resided at place of death*

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Arthur Brandford*Father's Birthplace *Adels Md*Mother's Maiden Name *Daisy Spriggs*Mother's Birthplace *Adels Md*Name of person giving information *Margaret Spriggs*How related to deceased *Grandmother*

CAUSES OF DEATH

8 ✓

Primary *Whooping Cough*How long *2 weeks*Immediate *Convulsions*How long *2 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *C. R. Winters*Address *Honover Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

Golden Lucille Brandford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Severn</u> ^{Town}		<u>Anne Brunel</u> ^{County}		MARYLAND	
Date of death	<u>1960</u> ^{Month} <u>April</u> ^{Day} <u>3</u>	Age	<u>1</u> ^{Years}	<u>3</u> ^{Months}	<u>19</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>A.A.C. Md</u>
Occupation	<u>none</u>	Where Residing if not at place of death <u>resided at place of death</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Tulbert Brandford</u>	Father's Birthplace	<u>Prince George's</u>		
Mother's Maiden Name	<u>Mary Elizabeth Wilson</u>	Mother's Birthplace	<u>A.A.C. Md</u>		
Name of person giving Information	<u>Mary Elizabeth Brandford</u>	How related to deceased	<u>Daughter</u>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<u>Whooping Cough</u>	How long	<u>2 weeks</u>
Immediate	<u>Convulsions</u>	How long	<u>20 hours</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>C. R. Wintersen MD</u>	
Address		<u>Hanover Md</u>	
Accident or Suicide		<u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1980

April

23

Age

31

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

John E. Bromwell

Father's
Name

James E. Brewer

Father's
Birthplace

Va

Mother's
Maiden Name

Lottie Lewis

Mother's
Birthplace

Md

Name of person giving
Information

James E. Bromwell

How related
to deceased

Husband

CAUSES OF DEATH

28

Primary

How long

Immediate

Tuberculosis

How long

two years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John E. Potter

Address

Brooklyn

A A Co Md

Accident or Suicide

PHYSICIAN
OR CORONER

1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 26

Name
in
Full

Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brooklyn Town Anne Arundel County MARYLAND
Date of death 1940 Month April Day 22 Age 1 Years 1 Months 1 Days 1
Sex Male Color or Race Colored Birth-place Maryland
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____
Father's Name Benton Brooks Father's Birthplace Maryland
Mother's Maiden Name Mary C. Watkins Mother's Birthplace Maryland
Name of person giving Information Benton Brooks How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary _____ How long _____
Immediate Premature Birth How long _____
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John E. Potter Cor
Address Brooklyn
A G Co Md
Accident or Suicide 8



Name
in
Full

Raymond Burley

CERTIFICATE OF DEATH

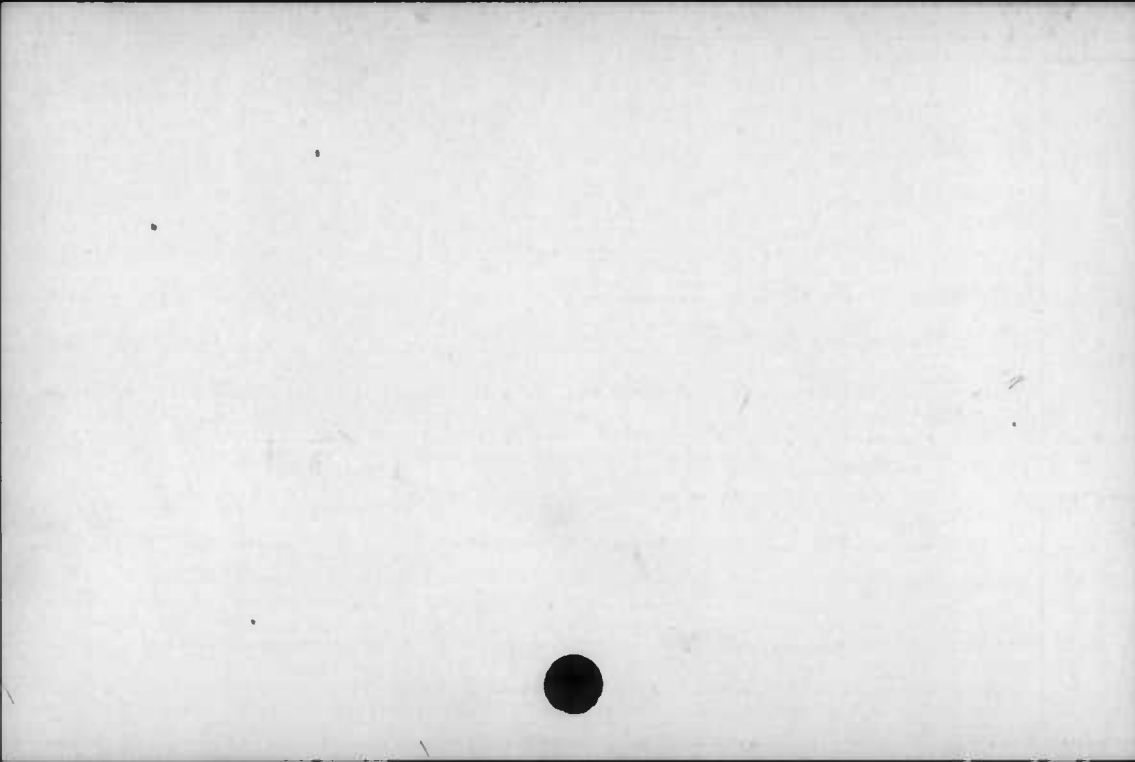
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Severn</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	19 <u>96</u>	Month <u>4</u>	Day <u>27</u>	Age <u>—</u> Years	Months <u>3</u> Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Summerfield Burley</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mabel Carter</u>	How related to deceased <u>Father</u>		Name of person giving information <u>Summerfield Burley</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hereditary Syphilis</u>	How long <u>Three months</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. A. Hammond</u>
	Address <u>—</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Urias Burley

Town

County

MARYLAND

Died at Brooklyn

Anne Arundel

Date

of death 1900

Month

April

Day

9

Age

Years

52

Months

1

Days

12

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

Brooklyn

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah Burley

Father's
Name

John Burley

Father's
Birthplace

Md

Mother's
Maiden Name

Catherine Jackson

Mother's
Birthplace

Md

Name of person giving
Information

Sarah Burley

How related
to deceased

Wife

CAUSES OF DEATH

120

Primary

Brights

How long

unknown

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John Potter

Address

Brooklyn
A G C Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Sarah A. Bushong

CERTIFICATE OF DEATH

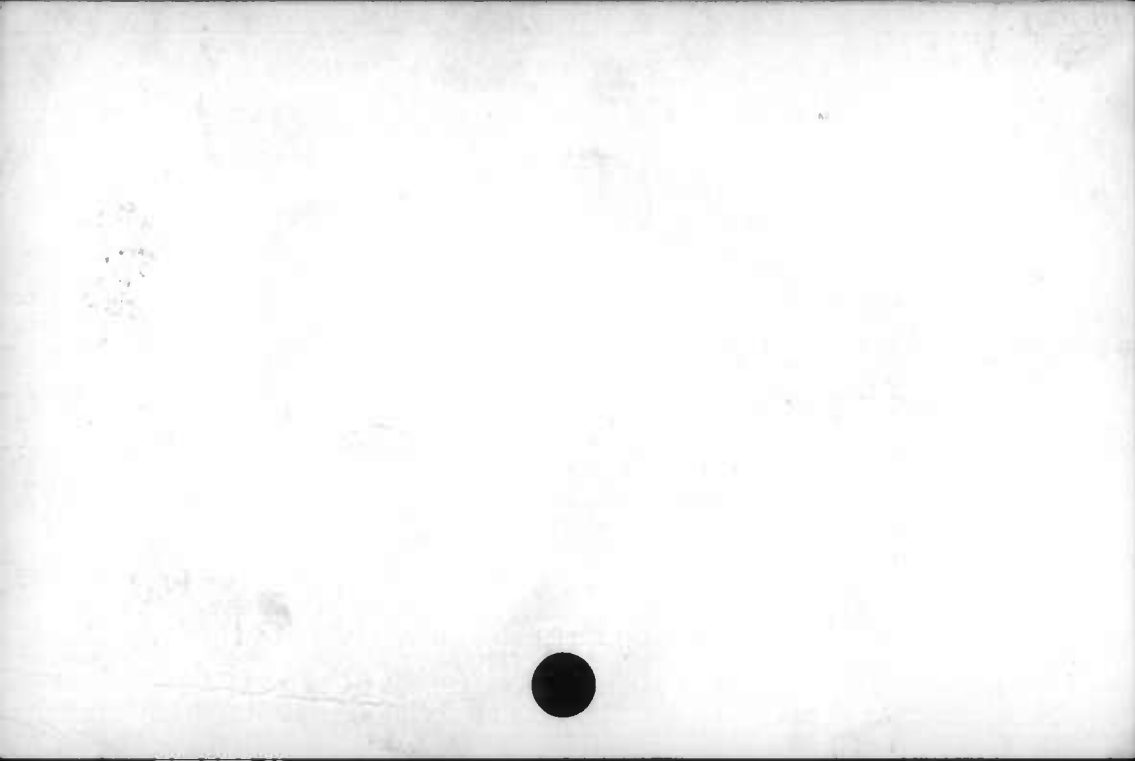
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millersville</u>		Town		County <u>aa</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>4th</u>	Day <u>1st</u>	Age <u>71</u>	Years	Months <u>8</u>	Days <u>20</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Bushong</u>						
Father's Name <u>Abraham Morf</u>	Father's Birthplace <u>Penn.</u>						
Mother's Maiden Name <u>Katherine Kennedy</u>	Mother's Birthplace <u>Holland</u>						
Name of person giving Information <u>Elijah A. Bushong</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>50</u>
Immediate <u>Heart failure</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. B. Shant</u>
	Address <u>Millersville</u>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

Fatta Buttes

Town

County

MARYLAND

Died at

Arnolds

Anne Arnold

Date

of death 190

Month

April

Day

28

Age

Years

15

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Arnolds

Occupation

School girl

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William Buttes

Father's
Birthplace

St. Marys

Mother's
Maiden Name

Kate Johnston

Mother's
Birthplace

St. Marys

Name of person giving
Information

William Buttes

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cereb - spinal meningitis

How long

Seven days

Immediate

Heart Failure

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. S. Joyce, M.D.
Arnolds Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sadie Irene Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

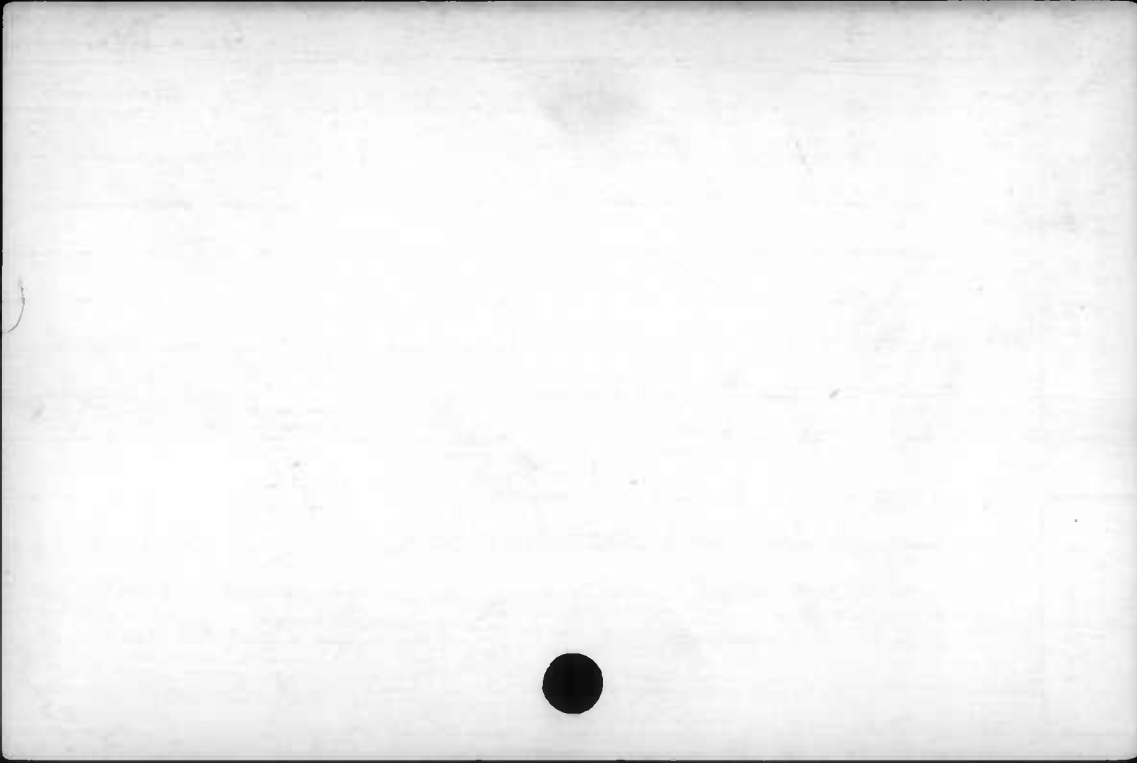
Died at ^{Town} <u>near Sloney Run</u> ^{County} <u>Ann Arundel</u>		MARYLAND			
Date of death <u>1940</u>	^{Month} <u>April</u>	^{Day} <u>20</u>	^{Years} <u>Age</u>	^{Months} <u>10</u>	^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>A.D.C. Md</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>Resided at (place) death</u>			
Married, Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Carroll</u>		Father's Birthplace <u>A.D.C. Md</u>			
Mother's Maiden Name <u>May Virginia Hammond</u>		Mother's Birthplace <u>A.D.C. Md</u>			
Name of person giving Information <u>May Virginia Carroll</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<u>Whooping Cough</u>	How long	<u>2 weeks</u>
Immediate	<u>Convulsions</u>	How long	<u>10 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. R. Winterborn MD</u>	
		Address <u>Harrover Md</u>	
Accident or Suicide <u>9</u>			



Name
in
Full

Addie Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

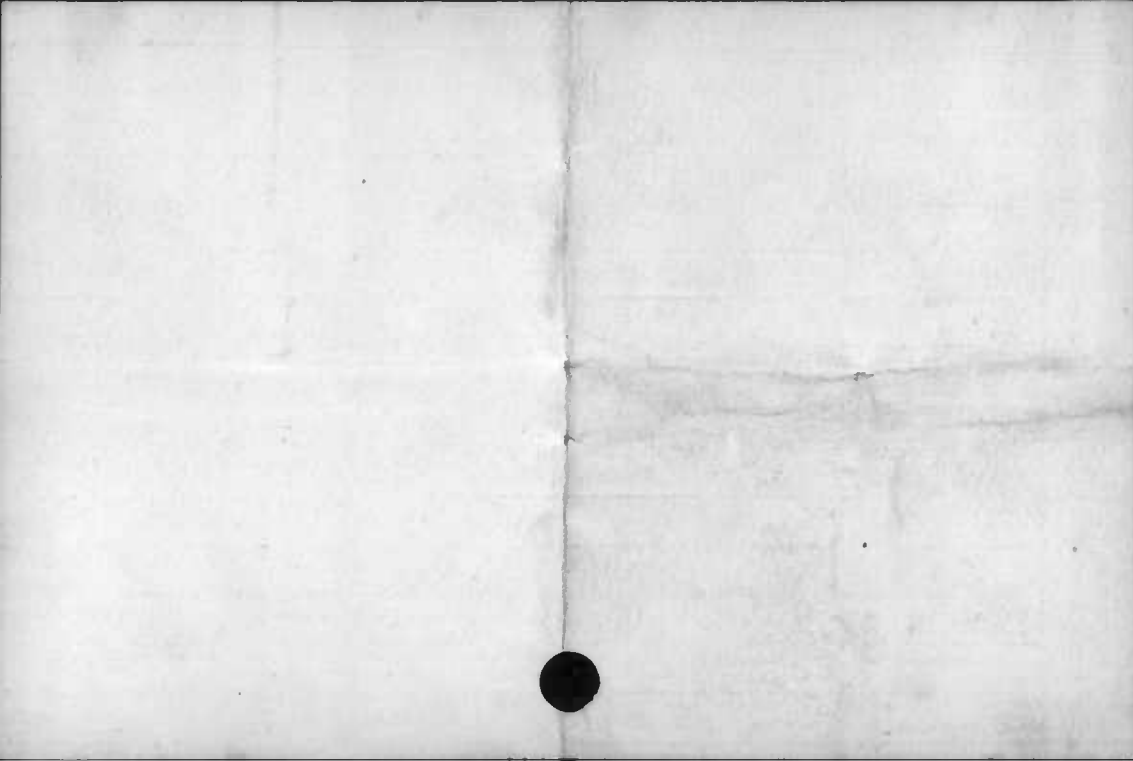
Died at		Town <i>Herman</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death	19 <i>90</i>	Month <i>4</i>	Day <i>2</i>	Age <i>9</i>	Years	Months <i>4</i>	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Maryland</i>
Occupation	<i>School child</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Frank Chase</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Lillian Adams</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Frank Chase</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

96

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Congestion</i>		How long	<i>7 days</i>
Immediate	<i>Dyspnea</i>		How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>R. J. Hammond</i>	
			Address <i>Jessup Md</i>	
Accident or Suicide?		<i>No</i>		



Name In Full		MAY 1940				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>East Brooklyn</u>		Town <u>Brooklyn</u> County <u>Queens</u>		MARYLAND		
		Date of death <u>1940</u>	Month <u>Apr</u>	Day <u>30</u>	Age <u>57</u>	Months <u>6</u>	Days <u>19</u>	
		Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>				
		Occupation <u>None</u>	Where Residing if not at place of death					
		Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Michael Bayne</u>					
PHYSICIAN OR CORONER		Father's Name <u>Peter Murphy</u>			Father's Birthplace <u>Don't know</u>			
		Mother's Maiden Name <u>Mary Murphy</u>			Mother's Birthplace <u>Don't know</u>			
		Name of person giving information <u>Wm Bayne</u>			How related to deceased <u>Son</u>			
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Loos jaw</u>			How long <u>1 week</u>			
		Immediate			How long			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>Charles H. Brode</u>			
					Address <u>Brooklyn</u>			
		Accident or Suicide?						



Name
in
Full

George Davis

CERTIFICATE OF DEATH

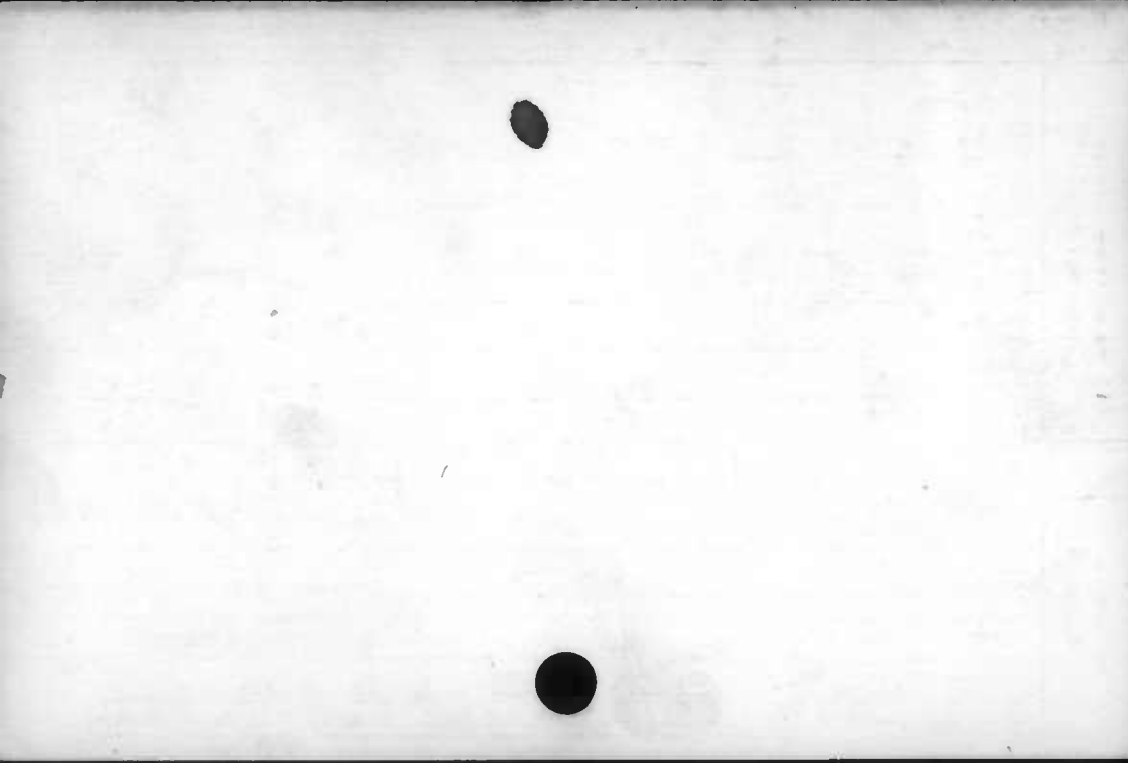
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fresno		County San Joaquin		MARYLAND	
Date of death		1940	Month Apr.	Day 30	Age 29	Years	Months Days
Sex		Male		Color or Race		black	
Occupation		Laborer		Where Residing if not at place of death		at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving Information		Shirley Cole		How related to deceased		Not at all	

CAUSES OF DEATH

Primary	Tuberculosis	How long	(27) 6 mo
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Rymer	
No		Address	
Accident or Suicide		Sawyer	

PHYSICIAN
OR CORONER



Name
in
Full

Howard Davis

CERTIFICATE OF DEATH

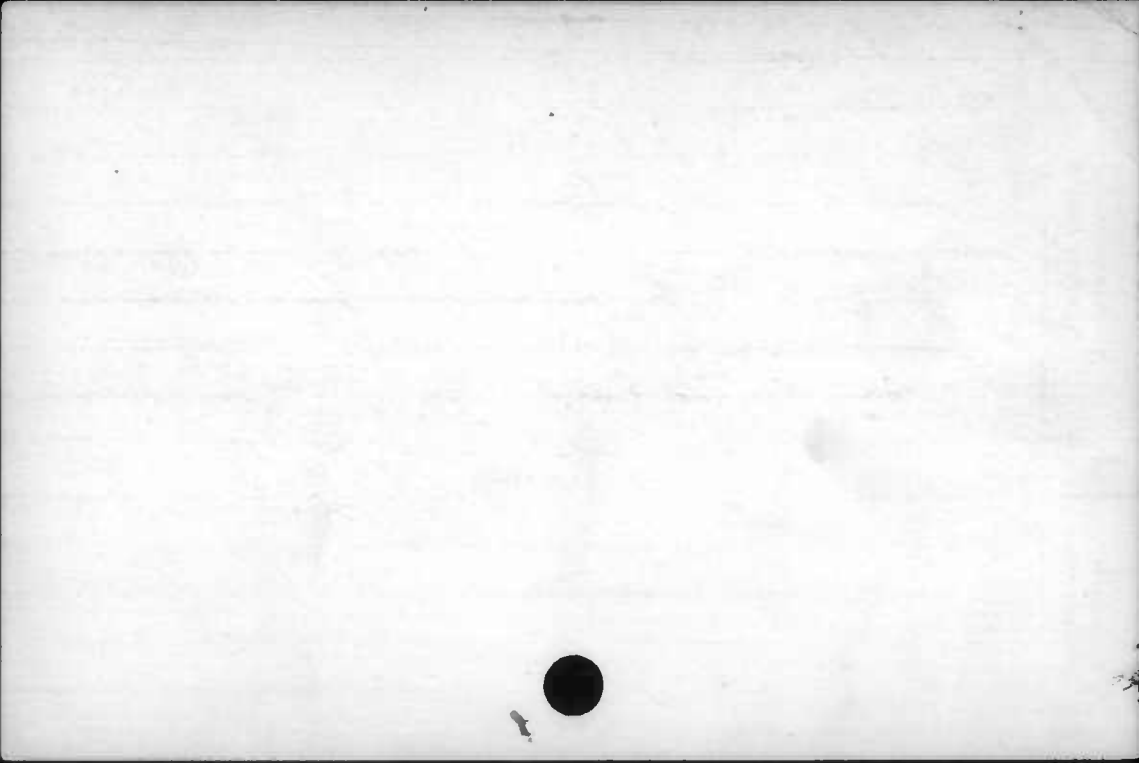
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>St. St.</i>		MARYLAND	
Date of death	Month <i>April</i>	Day <i>2</i>	Age <i>2</i>	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>William Davis</i>	Father's Birthplace <i>Annapolis Md</i>				
Mother's Maiden Name <i>Borbra Taylor</i>	Mother's Birthplace <i>A.A. Co Md</i>				
Name of person giving Information <i>Laura Howard</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis (capillary)</i>	How long <i>12 days.</i>
Immediate <i>Exhaustion</i>	How long <i>Few hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>as far as I am aware of.</i>	Signature of Physician <i>F. H. Thompson</i>
	Address <i>Annapolis, Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

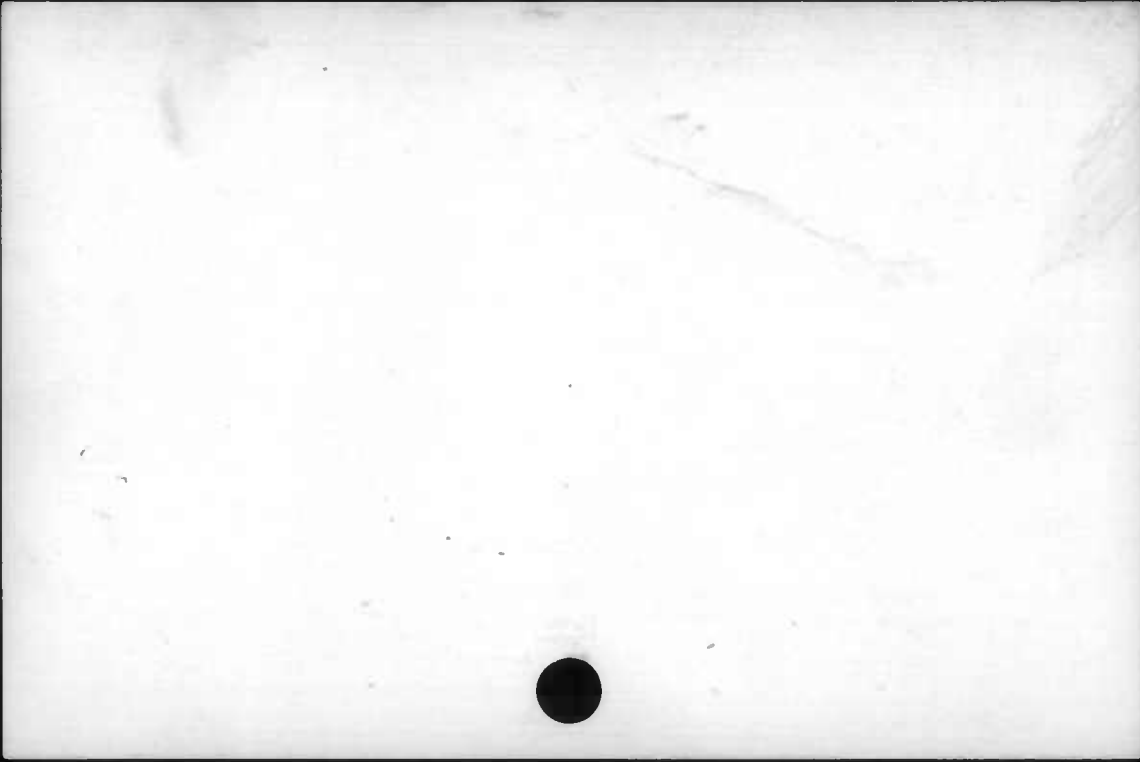
Name *Franklin Dixon* Town *Galloways* County *Anne Arundel*
Died at *Galloways*
Date of death 1960 *April* Month *15* Day *22* Age *22* Years *—* Months *—* Days *—*
Sex *Female* Color or Race *White* Birthplace *A.A.C., Md*
Occupation *Housewife* Where Residing if not at place of death *Galloways*
Married, single or widowed *Married* Name of wife or Husband *John Benjamin Dixon*
Father's Name *Alexander Franklin* Father's Birthplace *A.A.C., Md*
Mother's Maiden Name *Doris Paddy* Mother's Birthplace *Calvert, Md*
Name of person giving Information *Walter O. Nutwell* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *Over 1 year*
Immediate *Gradual Aspiration* How long *Week*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Thelma Camwood, M.D.* Address *Wash River Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1901		April	15			17	
Sex	Male	Color or Race	Colored	Birth-place	Annapolis		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	None			Name of Wife or Husband			
None				None			
Father's Name	Reese Duckett			Father's Birthplace	Annapolis		
Mother's Maiden Name	Martha Sims			Mother's Birthplace	Annapolis		
Name of person giving Information	Martha Sims			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	Several weeks
Immediate	Pneumonia & Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridgely	
		Address	
		Annapolis	
		Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

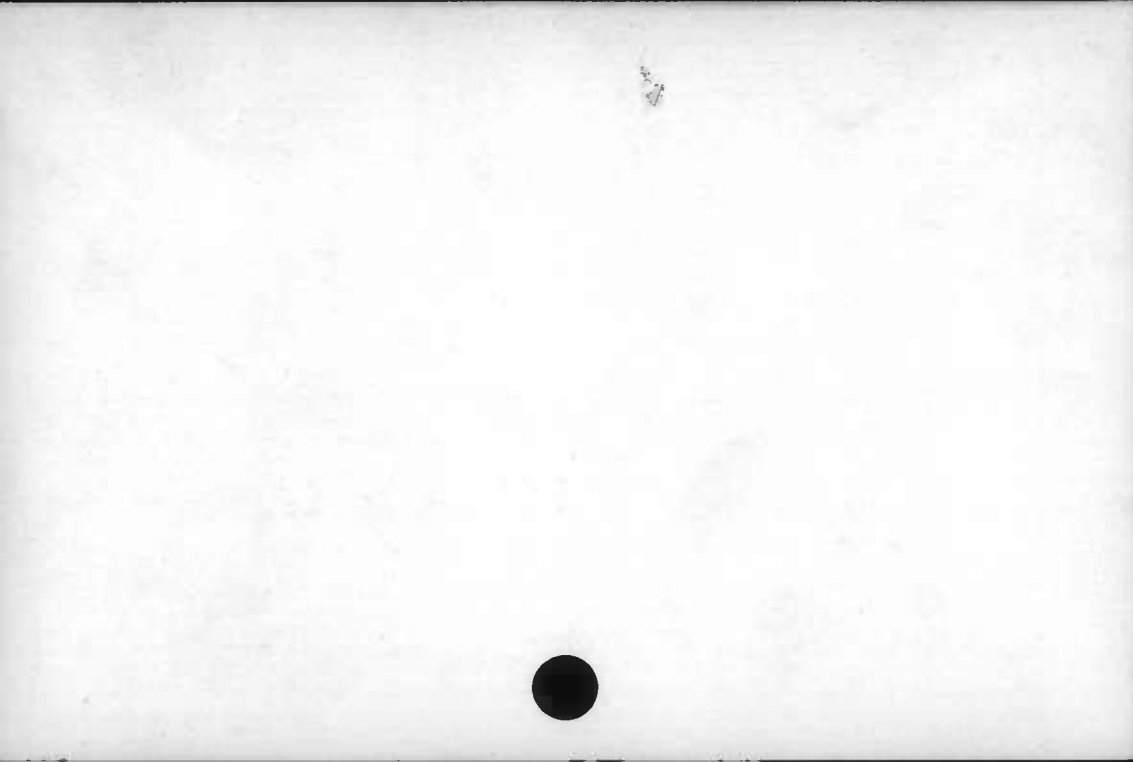
TO BE ANSWERED BY
NEAREST FRIEND

Sophia Dwyall
Town *Camp Park* County *Annandale* MARYLAND
Died at
Date of death *14* *April* Month *14* Day *37* Age *37* Years *0* Months *0* Days
Sex *Female* Color or Race *Colored* Birthplace *A.A.C.*
Occupation *Domestic* Where Residing if not at place of death *Camp Park*
Married, Single or Widowed *Married* Name of Wife or Husband *Samuel Dwyall*
Father's Name *William Jones* Father's Birthplace *A.A.C.*
Mother's Maiden Name *Sophia Hogan* Mother's Birthplace *" "*
Name of person giving Information *Louise Whitten* How related to deceased *friend*

CAUSES OF DEATH

Primary *Cerebral Apoplexy* How long *6 hours*
Immediate *Embolism* How long *3 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *P. P. [illegible]*
Address *60 [illegible] St. [illegible]*
Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John G. Fischer*
Died at *Brooklyn* ^{Town} *A A C Me* ^{County} **MARYLAND**
Date of death *1980* ^{Month} *April* ^{Day} *10* ^{Years} *78* ^{Months} *5* ^{Days} *4*
Sex *Male* Color or Race *White* Birth-place *Germany*
Occupation *Retired Merchant* Where Residing if not at place of death
Married, Single or Widowed *Widower* Name of Wife or Husband *Mary Fischer*
Father's Name *unknown* Father's Birthplace
Mother's Maiden Name *unknown* Mother's Birthplace
Name of person giving Information *John F. Stroch* How related to deceased *Grand Son*

CAUSES OF DEATH

Primary *Crushed by a Electric Car*

How long *175* ✓

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

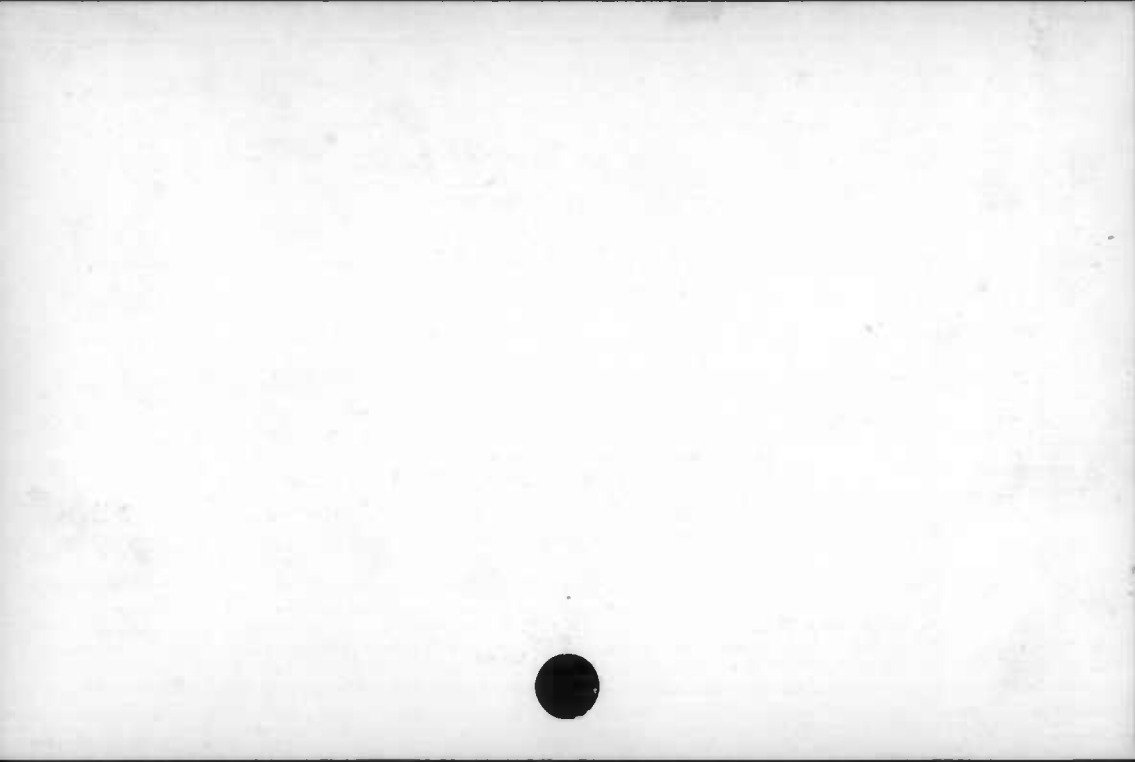
Signature of Physician

Address

John P. Potee, M.D.
Brooklyn
A A C Me

Accident or Suicide *Accident*

PHYSICIAN
OR CORONER



Name
in
Full

Daniel James Fountain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Churchtown ^{County} Anne Arundel **MARYLAND**

Date of death 1940 ^{Month} April ^{Day} 10th ^{Years} Age about 69 ^{Months} Exact age unknown ^{Days}

Sex male ^{Color or Race} Colored ^{Birth-place} Puhassan
Somerset Co. Md

Occupation Retired waterman ^{Where Residing if not at place of death}

Married, Single or Widowed Widowed ^{Name of Wife or Husband} Eliza Ann Fountain

Father's Name unknown ^{Father's Birthplace} unknown

Mother's Maiden Name Henrietta Fountain ^{Mother's Birthplace} unknown

Name of person giving Information Rachel Thompson ^{How related to deceased} Daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

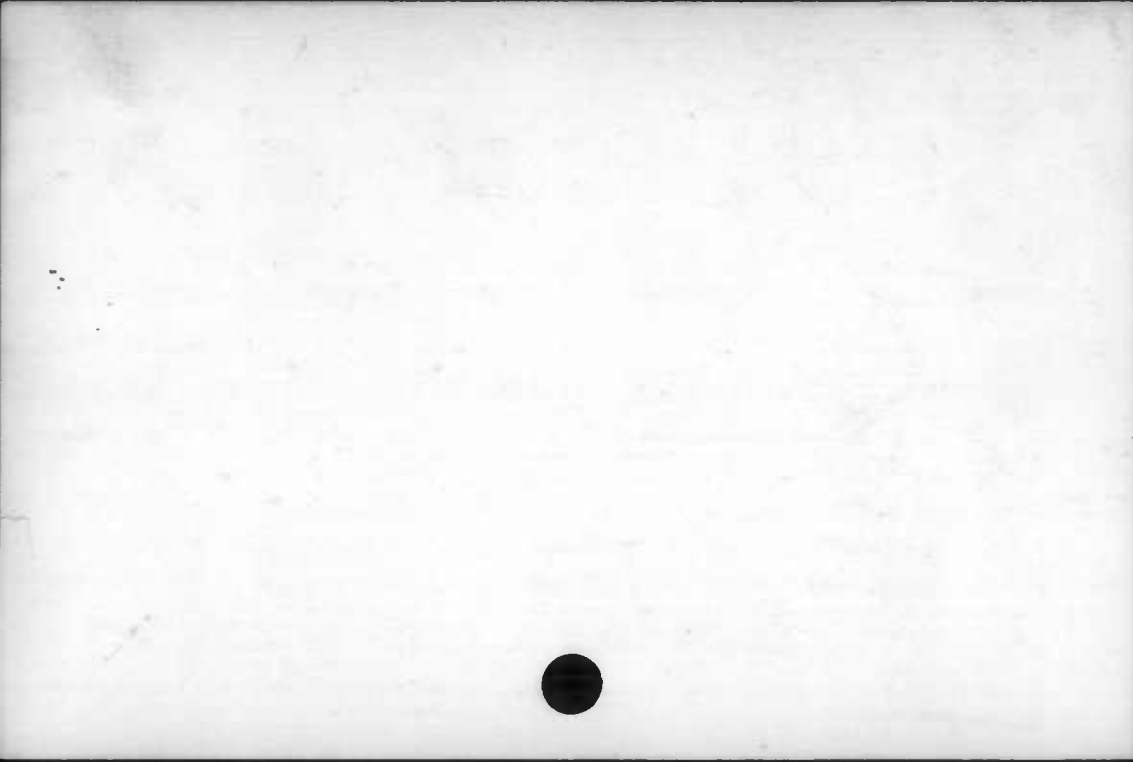
Primary Old-age - General Arterio Sclerosis, ^{How long} 3 years +
Initial Respiratory

Immediate Cardiac ^{Cardiac Asthma} - ^{How long} 2 weeks -
insufficiency

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} T. P. W. Wilson MD

^{Address} Churchtown Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John B. Frayer

Died at 501 Balto ^{Town} St. ^{County} MARYLAND

Date of death 19 ^{Month} 10 ^{Day} Apr ^{Years} 2 Age 49 ^{Months} — ^{Days} —

Sex Male Color or Race white Birth-place New York, N.Y.

Occupation Laborer Where Residing if not at place of death —

Married — ^{used} Name of Wife or Emaline Frayer

Father's Name Peter Frayer Father's Birthplace New York

Mother's Maiden Name Catherine Jones Mother's Birthplace New York

Name of person giving Information Emaline Frayer How related to deceased wife

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 3 days

Immediate Heart Failure How long at once

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Wm. B. Fortson MD

Address 501 Balto, Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

August Freeman

Town *Joseph House Florencia* County *Rene Arundel* MARYLAND

Died at *Joseph House Florencia*

Date of death 1960 *Apr* - *6* Age *60*

Sex *male* Color or Race *white* Birthplace *Unknown*

Occupation *Unknown* Where Residing if not at place of death *Unknown*

Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Boatton* How related to deceased *Not at all*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Unknown* How long *188*

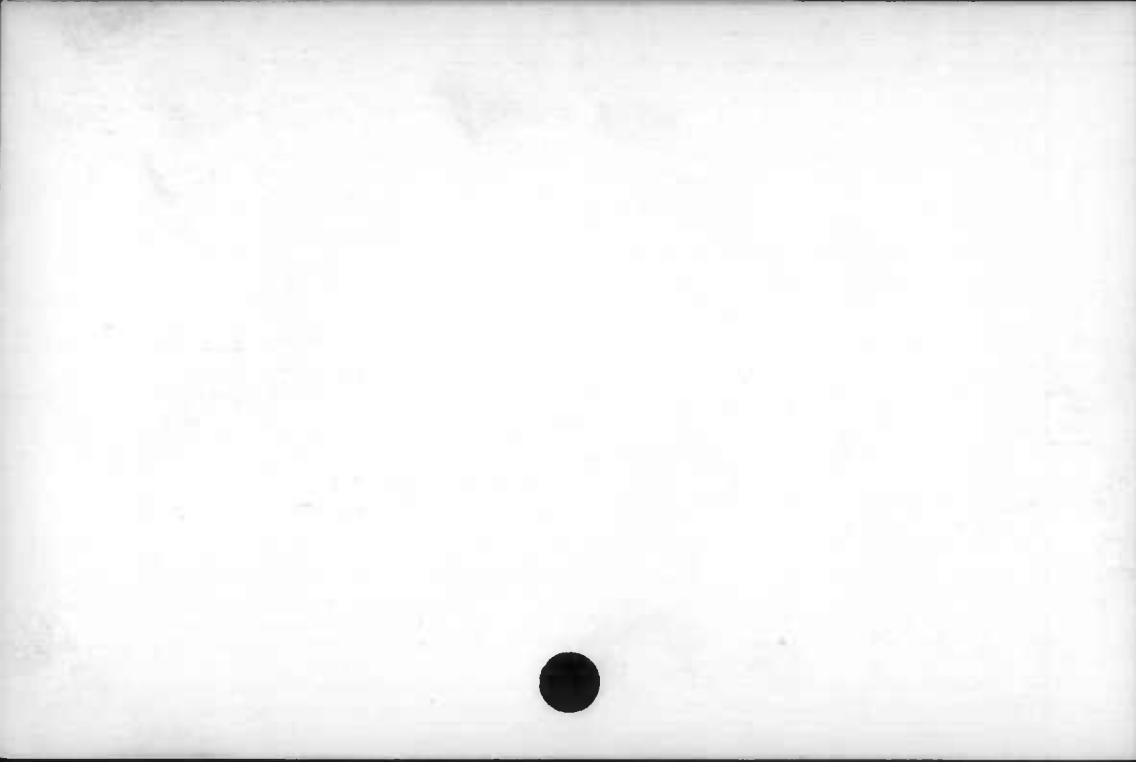
Immediate *Dropped dead on entrance* How long *2 minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. W. P. P. P. P.*

Address *Laurel Md.*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

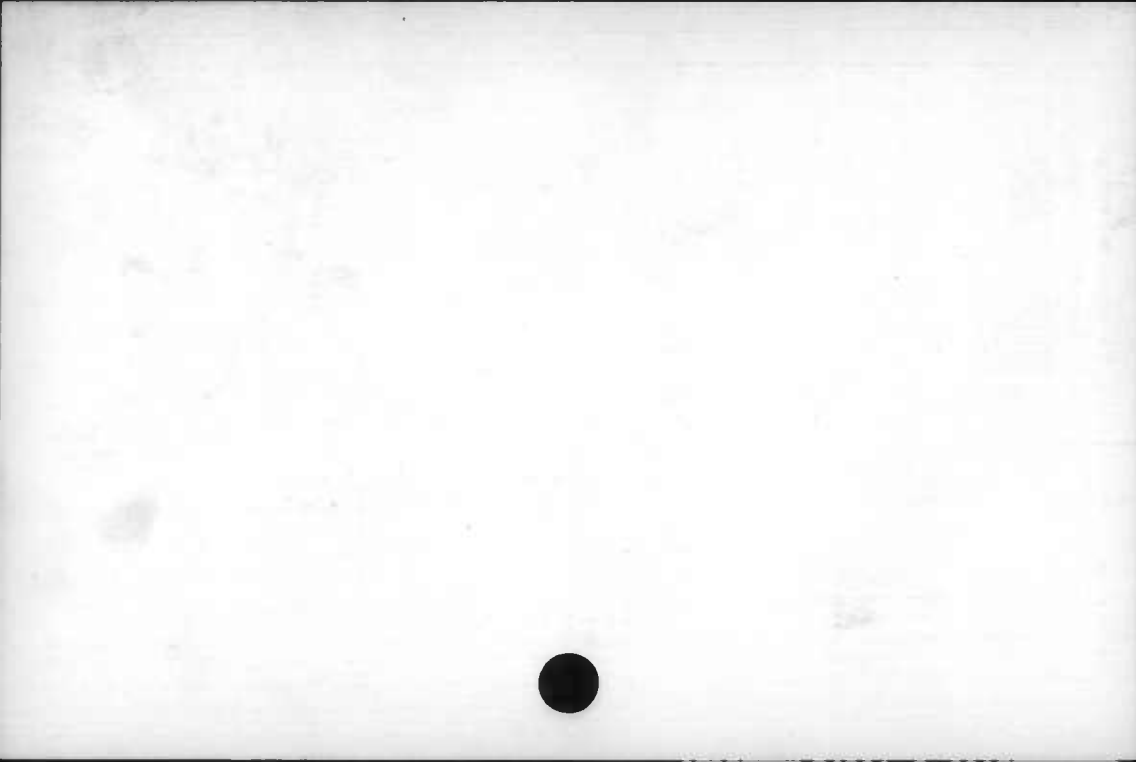
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac failure	How long	198
Immediate		How long	instantly
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	T. H. Brown	
	Address	Laurel Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Gross
Town Annapolis County AA
Died at Annapolis
Date of death 1960 Month April Day 7th Age Years Months Days
Sex Female Color or Race bol Birth-place
Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband
Father's Name Moses Gross Father's Birthplace AA bo.
Mother's Maiden Name Blanche Murray Mother's Birthplace AA bo.
Name of person giving Information Father How related to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH
Primary Still-born How long (8) ✓
Immediate How long
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician John Ridout Address Annapolis Md
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

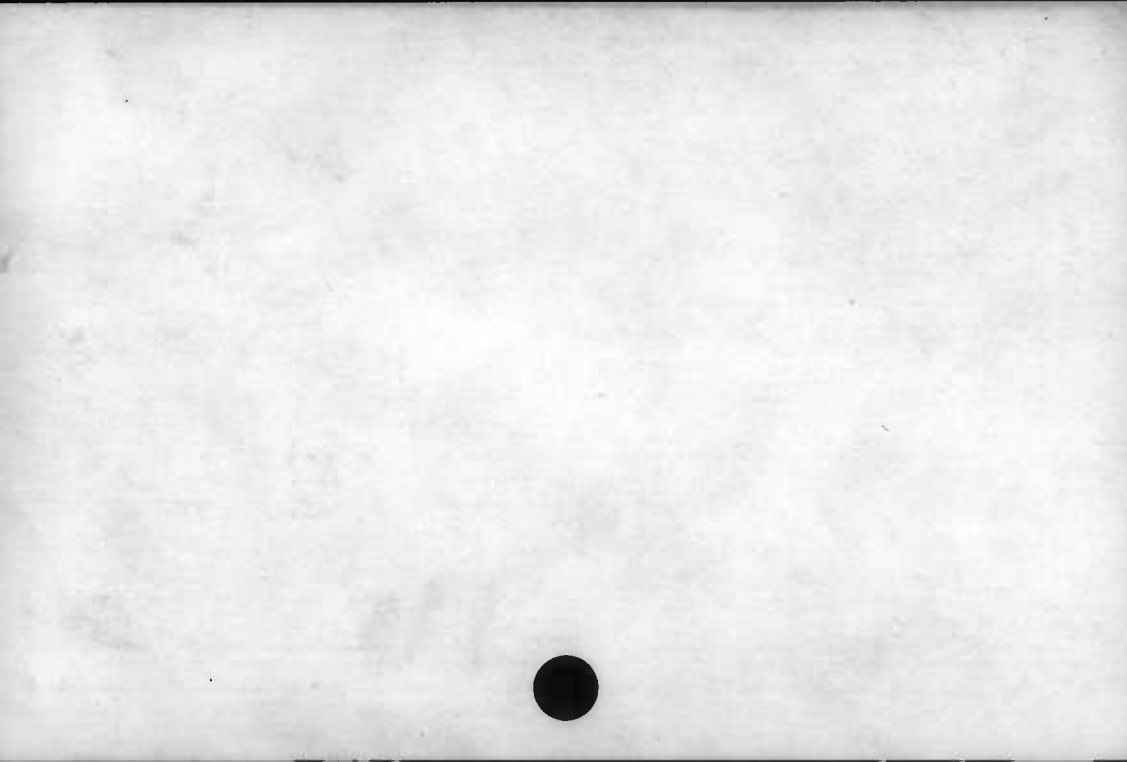
TO BE ANSWERED BY
NEAREST FRIEND

Name *Alice Gross* Town *Annapolis* County *Anne Arundel*
Died at *Annapolis* MARYLAND
Date of death *1901* Month *Apr* Day *28* Age *40* Years *0* Months *0* Days *0*
Sex *Female* Color or Race *Colored* Birth place *Calvert Co., Md*
Occupation *Domestic* Where Residing if not at place of death *681 Washington St*
Married, Single or Widowed *Widow* Name of Wife or Husband *Thomas H Gross*
Father's Name *John Johnson* Father's Birthplace *Calvert Co., Md*
Mother's Maiden Name *Louisa Harris* Mother's Birthplace *" "*
Name of person giving Information *Maggie Johnson* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Nephritis* How long *Several weeks*
Immediate *Nephritis Heart Failure Gradual* How long *Gradual*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John Widontz* Address *Annapolis*
Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Frank Hall

Town

County

MARYLAND

Died at

Wm. Harmony

A. A.

Date

of death

1900

Month

4

Day

27

Age

Years

84

Month

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Calvert Co. Md.

Occupation

Laborer

Where Residing if not
at place of death

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah C. Hall

Father's
Name

Lawen Hall

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Hoover H. Hall

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

How long

93 (92) ✓
Four days

Immediate

Heart Exhaustion

How long

Several hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

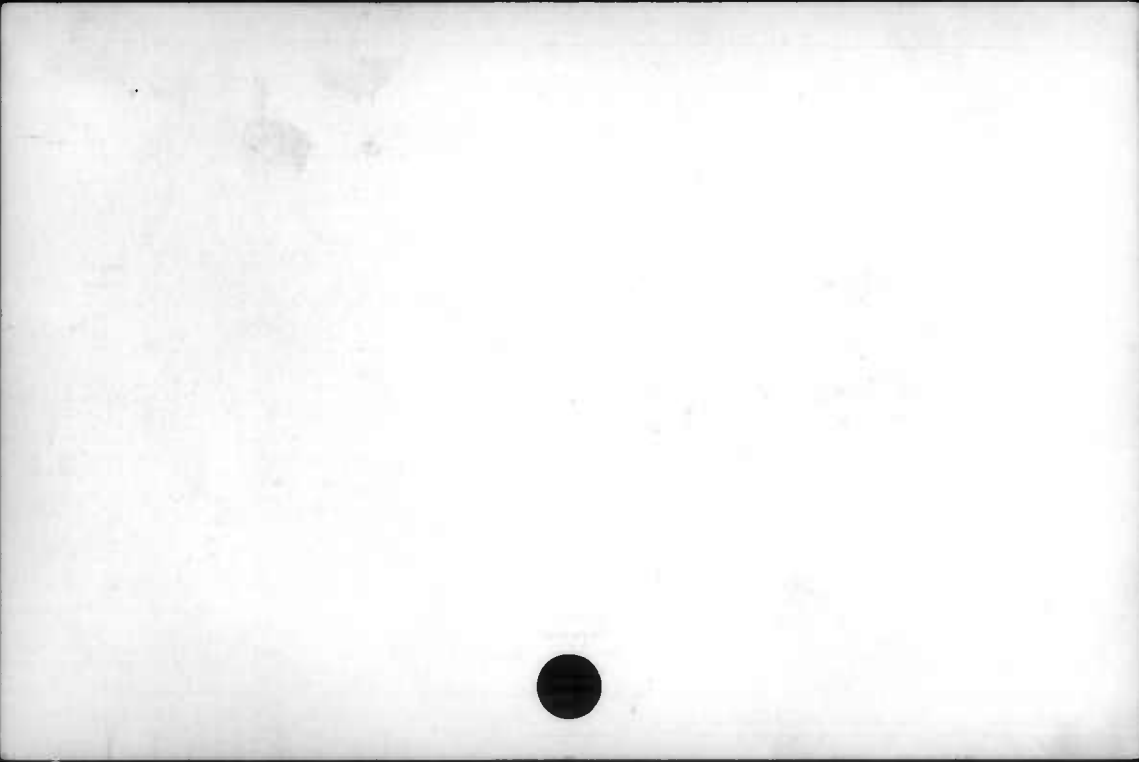
Signature of
Physician

Address

J. L. Brayschaw
Friendship
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
In
Full

Hazel Lloyd Cordella Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

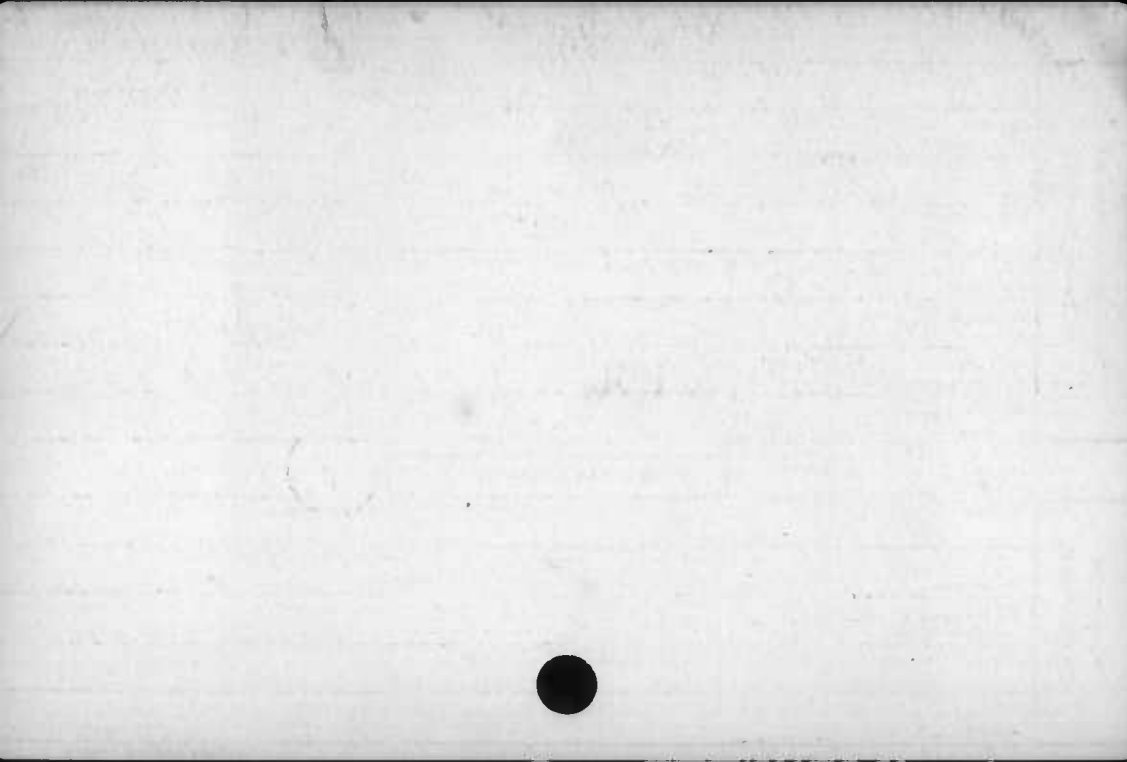
Died <i>near Sloney Run</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	19 <i>00</i>	Month <i>April</i>	Day <i>16</i>	Age	Years <i>9</i> Months <i>9</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Resided near Glenburne did near Sloney Run</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Andrew Hammond</i>			Father's Birthplace <i>Anne Arundel Co Md</i>		
Mother's Maiden Name <i>Hattie Elizabeth Scott</i>			Mother's Birthplace <i>Anne Arundel Co Md</i>		
Name of parson giving information <i>Hattie Elizabeth Hammond</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

8 ✓

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C R Winkerson MD</i>
	Address <i>Hanover Md</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

Louis B. Harris

CERTIFICATE OF DEATH

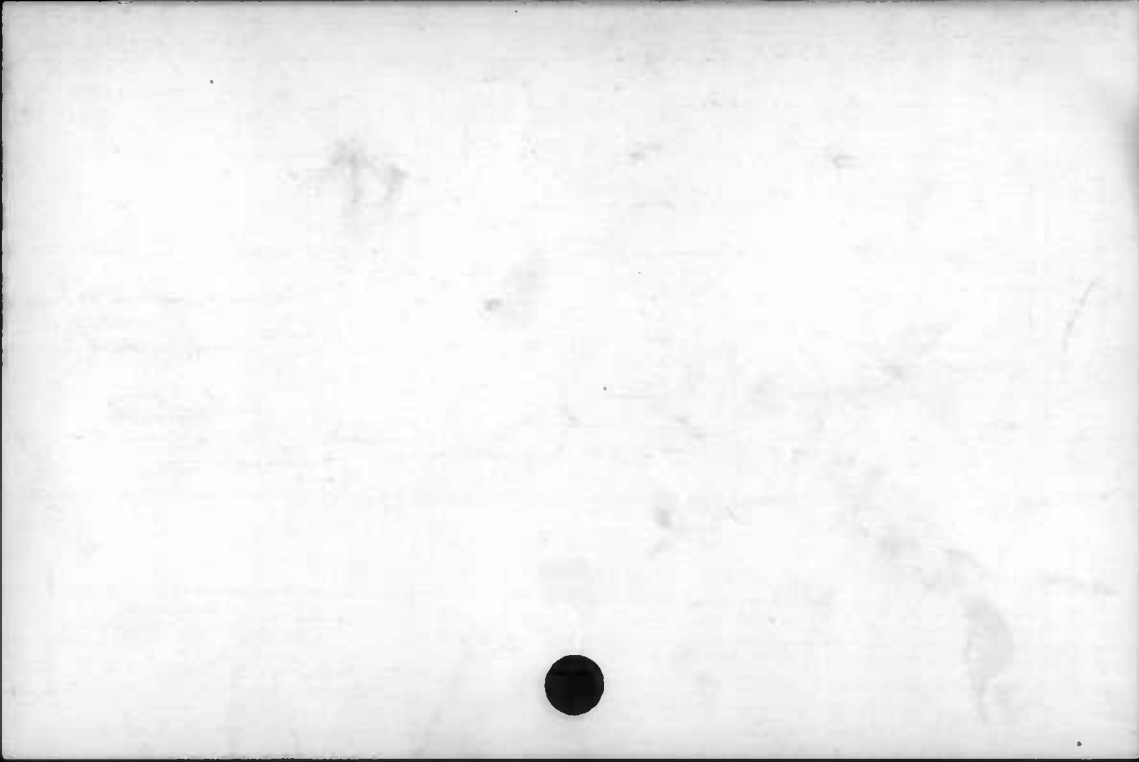
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>South River</u> Town <u>AA</u> County		MARYLAND	
Date of death <u>1901</u> <u>Apr</u> <u>15</u> <u>17</u>	Month	Day	Years
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Annapolis</u>	Months
Occupation <u>None</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>John W. Harris</u>	Father's Birthplace <u>AA Co</u>		
Mother's Maiden Name <u>Izella Brown</u>	Mother's Birthplace <u>MD</u>		
Name of person giving Information <u>Izella Harris</u>	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Accidental Drowning</u>	How long <u>Immediate</u>
Immediate <u>Drowning</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. D. K. Lee</u>
Accident or Suicide <u>Accident</u>	Address <u>Coroner Annapolis MD</u>



Name
in
Full

William Harrod -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millersville</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death 19 <u>40</u>	Month <u>4</u>	Day <u>28</u>	Age <u>8</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>		Where Residing if not at place of death			
Marrried Single		Name of Wife or Husband			
Father's Name <u>Unknown</u>		Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>Bessie Harrod</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Walker Munner</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Exposure</u>	How long
Immediate <u>Verdix / Coronary</u>	How long
Are the name, age, sex, color, date and place correctly given above?	
<u>Millersville Md.</u>	Signature of Physician <u>[Signature]</u>
<u>Acting as Coroner</u>	Address <u>Justice John Paul</u>
<u>Accident or Suicide</u>	<u>for State of Maryland</u>



Name
in
Full

Sarah Harwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at South River ^{Town} Anne Arundel ^{County} **MARYLAND**

Date of death 1960 ^{Month} April ^{Day} 9 Age ^{Years} 87 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Unknown

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Benjamin Harwood

Father's Name John Sexton Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information John Ford How related to deceased Nephew

CAUSES OF DEATH

10 ✓

PHYSICIAN
OR CORONER

Primary Old age How long

Immediate Loa-Grippe How long 12 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John Collinson

Address South River

Accident or Suicide Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Georgie Hopkins</i>		Town <i>Shiloh</i>		County <i>A.A.</i>		State MARYLAND	
Died at <i>Shiloh</i>		Month <i>April</i>		Day <i>29</i>		Years <i>28</i>	
Date of death <i>1900</i>		Month <i>April</i>		Day <i>29</i>		Years <i>28</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>A.A.Co. Md</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Hopkins</i>					
Father's Name <i>Arthur Brown</i>		Father's Birthplace <i>A.A.Co. Md</i>					
Mother's Maiden Name <i>Lizzie Carr</i>		Mother's Birthplace <i>A.A.Co. Md</i>					
Name of person giving Information <i>Horatio Calbert</i>		How related to deceased <i>Neighbor</i>					

CAUSES OF DEATH

137 ✓

PHYSICIAN
OR CORONER

Primary <i>Chronic Peritonitis (Congenital)</i>		How long <i>4 Months</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>J. D. Ridout</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide <i>9</i>		<i>R. A. S. No 1</i>	

York town.

Name
in
Full

Edna Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

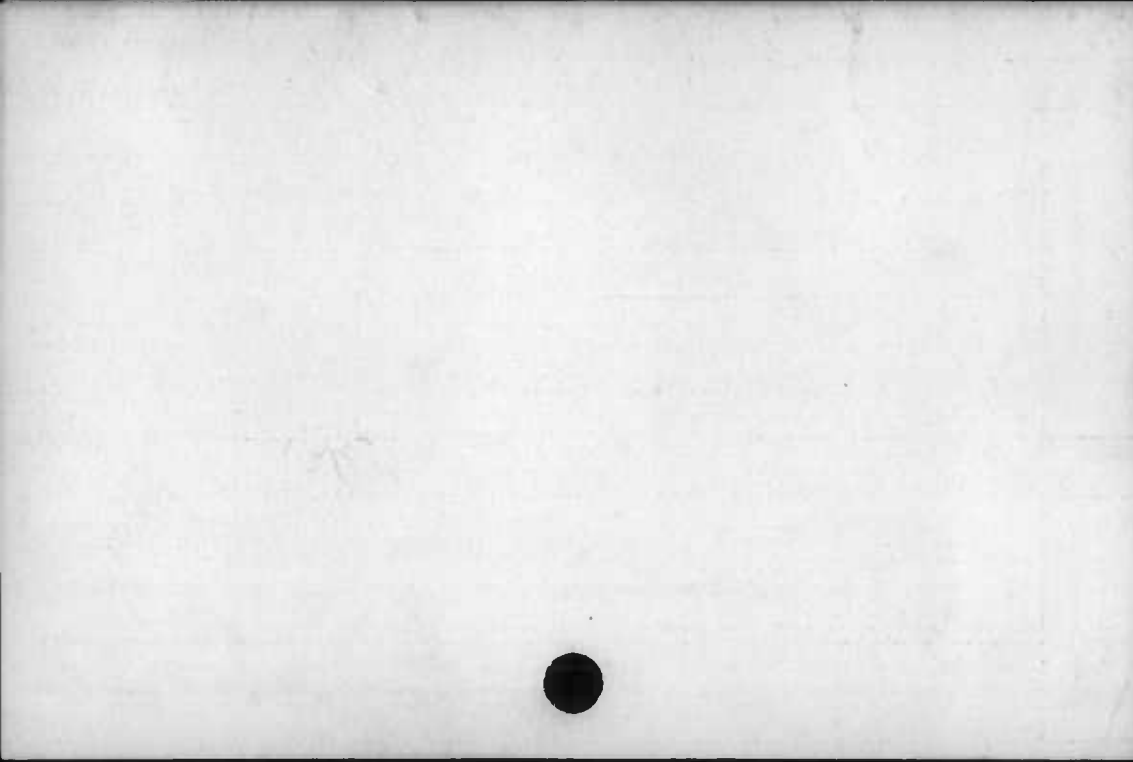
Died at		Town Harmans		County Anne Arundel		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		4	13	2	2	1	8
Sex		Color or Race		Birth-place			
Female		Colored		Maryland			
Occupation				Where Residing if not at place of death			
Infant							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Arthur Johnson				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Estelle Spriggs				Maryland			
Name of person giving information				How related to deceased			
Arthur Johnson				Father			

CAUSES OF DEATH

92 ✓

PHYSICIAN
OR CORONER

Primary		How long	
Bronchial Pneumonia		10 days	
Immediate		How long	
Exhaustion		6 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. A. Hammond	
		Address	
		Jessup	
Accident or Suicide?		Ind	
No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

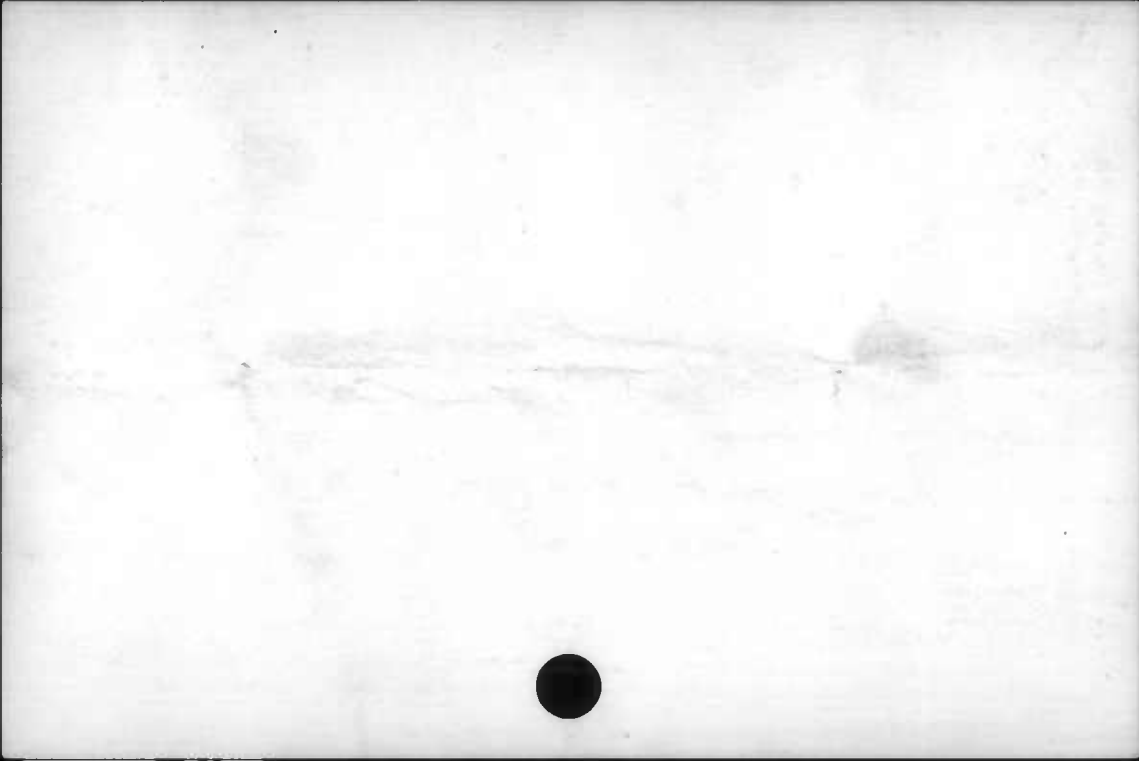
Name *Eve Johnson* Town *Annapolis* County *St*
Died at *Annapolis*
Date of death *1960 Apr 2* Age *18* Months Days
Sex *Female* Color or Race *Colored* Birth-place *Annapolis*
Occupation *Swim girl* Where Residing if not at place of death _____
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *Frank Johnson* Father's Birthplace *Unknown*
Mother's Maiden Name *Louise H. H. H.* Mother's Birthplace *A.A. Co. Md.*
Name of person giving Information *Louise H. H. H.* How related to deceased *Niece*

CAUSES OF DEATH

28

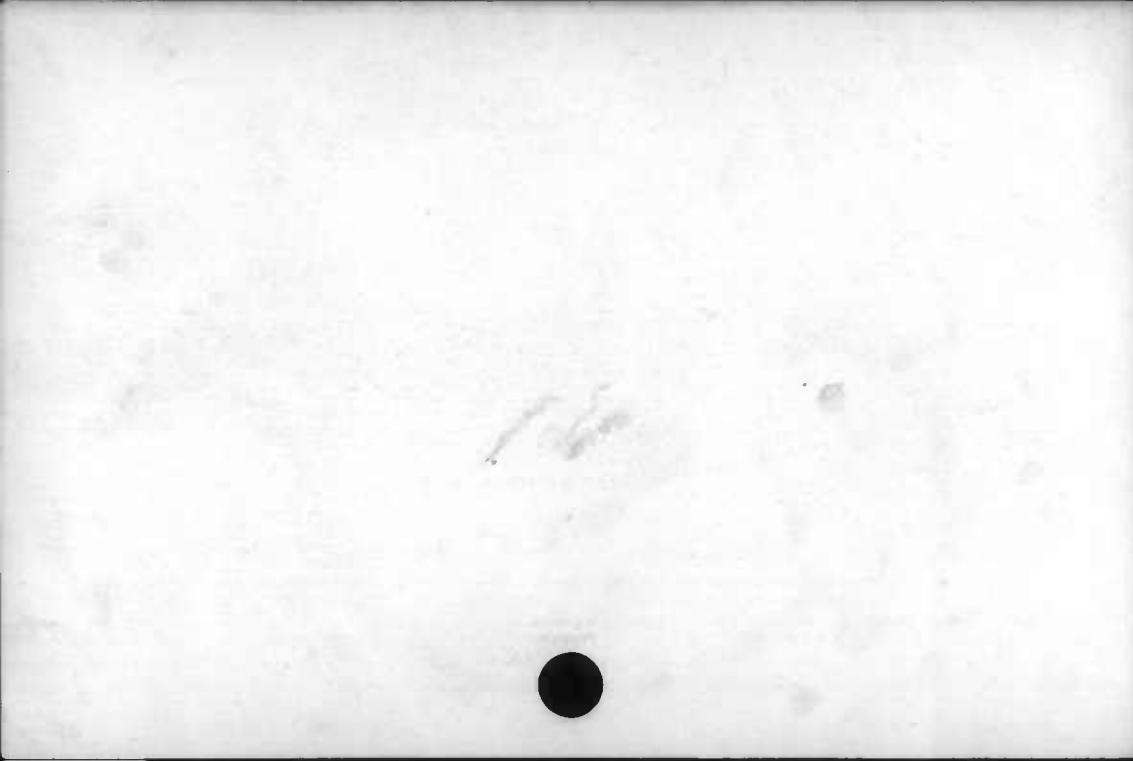
PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *3 months*
Immediate *Hemorrhage* How long *2 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *P. D. R.*
Address *Annapolis*
Accident or Suicide *No*



PHYSICIAN
OR CORONER

OFFICE SUPPLY CO. 2364



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

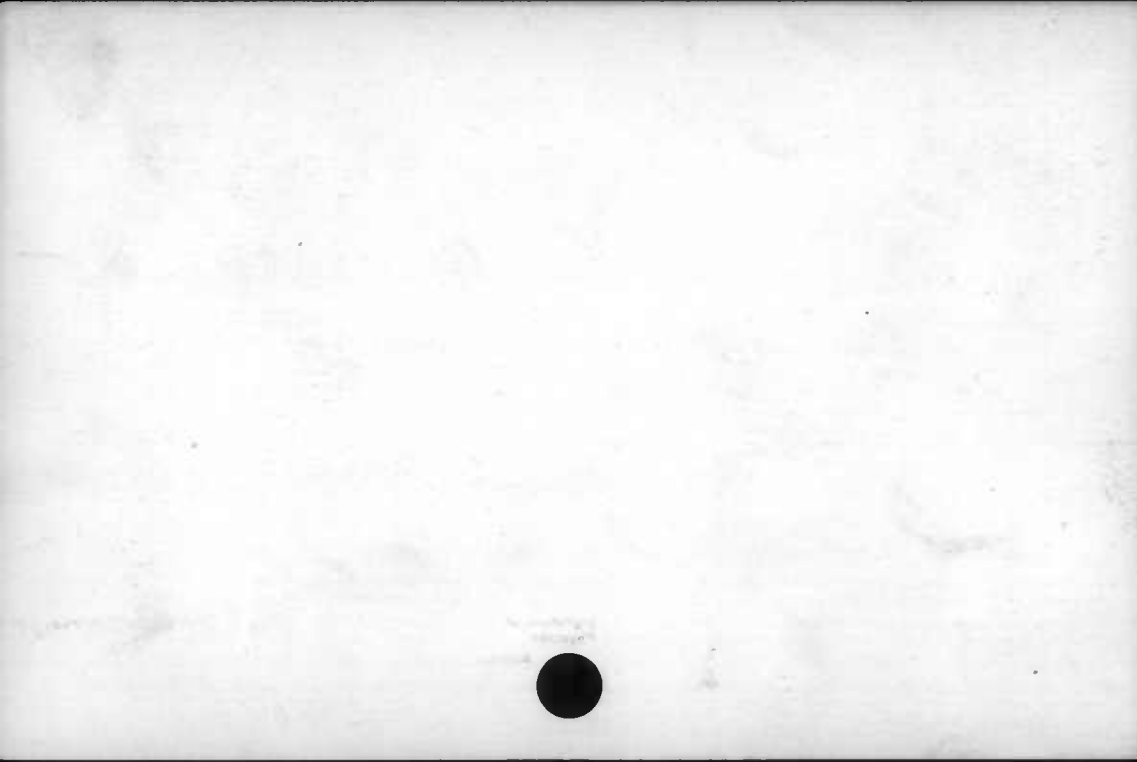
Name *Palagia Knoch* Town *East Brooklyn* County *a. a.* MARYLAND
Died at *East Brooklyn*
Date of death 19*90* Month *Apr* Day *27* Age *1* Years Months *6* Days *0*
Sex *Female* Color or Race *white* Birth-place *East Brooklyn, Md*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *John Knoch* Father's Birthplace *Germany*
Mother's Maiden Name *Mary Gertovosky* Mother's Birthplace *"*
Name of person giving Information *John Knoch* (93) How related to deceased *Father*
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *9 days*
Immediate *Heart Failure* How long *at once*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Thos. B. Norton*
Address *So. Batts, Md*

Accident ☒ Suicide ☐



Name
in
Full

George Manns.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Maynards</i>		Town <i>Maynards</i>		County <i>Anne Arundel Co</i>		STATE <i>MARYLAND</i>	
Date of death <i>1960</i>	Month <i>April</i>	Day <i>9</i>	Age <i>17</i>	Years <i>1</i>	Months <i>17</i>	Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Jacobs</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Lace Manns</i>				Mother's Birthplace <i>Anne Arundel Co</i>			
Name of person giving Information <i>Mrs. Manns</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Congenital Deafness</i>	How long <i>Since Birth</i>
Immediate <i>Heart Exhaustive</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Billingslea MD</i>
	Address <i>Sub registrar 3rd dist</i>
Accident or Suicide <i>No</i>	<i>A. A. Co MD</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	Month	April	Day	23	Age	32 yrs
Sex	Male	Color or Race	Col	Birth-place	8th Drs A.A.C.		
Occupation	Attendant			Where Residing if not at place of death		Parole A.A.C.	
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Charles L. Matthews					Father's Birthplace	8th Drs A.A.C.
Mother's Maiden Name	Missouri Thompson					Mother's Birthplace	A.A.C.
Name of person giving information	Olympe Matthews					How related to deceased	Brother

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	6-Weeks
Immediate	Cardiac Failure	How long	One hr.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		P. P. Keenan	
Address		600 N. 1st St Annapolis	
Accident or Suicide?		No	



Name
In
Full

Martha Ellen Maynard

CERTIFICATE OF DEATH

Town

County

Died at

Annapolis Anne Arundel MARYLAND

Date

Month

Day

Years

Months

Days

of death

7th April

13

Age

58

Sex

Female

Color or
Race

Colored

Birth-
place

G.A.Co. Md

Occupation

Domestic

Where Residing if not
at place of death

163 Gloster St.

Married, Single
or Widowed

Widowed

Name of W
Husband

Geo Henry Maynard

Father's
Name

Samuel Green

Father's
Birthplace

Md

Mother's
Maiden Name

Margaret Green

Mother's
Birthplace

Md

Name of person giving
Information

Louise Maynard

How related
deceased

Daughter

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

8 days

Immediate

Cardiac Failure

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

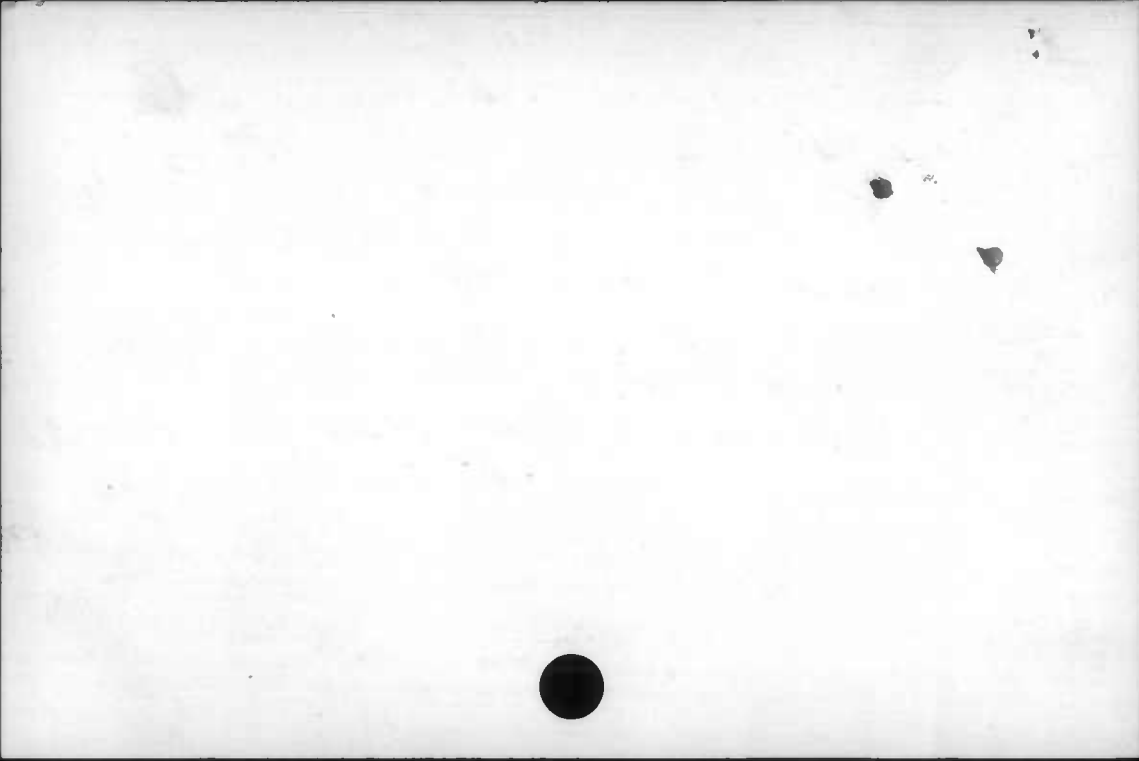
J. D. Neece
600 1/2 St
Annapolis

Accident or Suicide

WV

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Henrietta Medford

CERTIFICATE OF DEATH

MARYLAND

Died at

Annapolis, Town

a. a County

Date

of death 1960

Month

April

Day

11

Years

Age 43

Months

1

Days

19

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jesse L. Medford

Father's
Name

Christian Bessel

Father's
Birthplace

Germany

Mother's
Maiden Name

Margaret Datch

Mother's
Birthplace

Baltimore Md

Name of person giving
Information

Jesse L. Medford

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Mitral Insufficiency & Nephritis

How long

Several years

Immediate

Cardiac Dilatation

How long

4 Weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Walton H. Hopkins

Address

Annapolis

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

100-100000
100-100000
100-100000



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

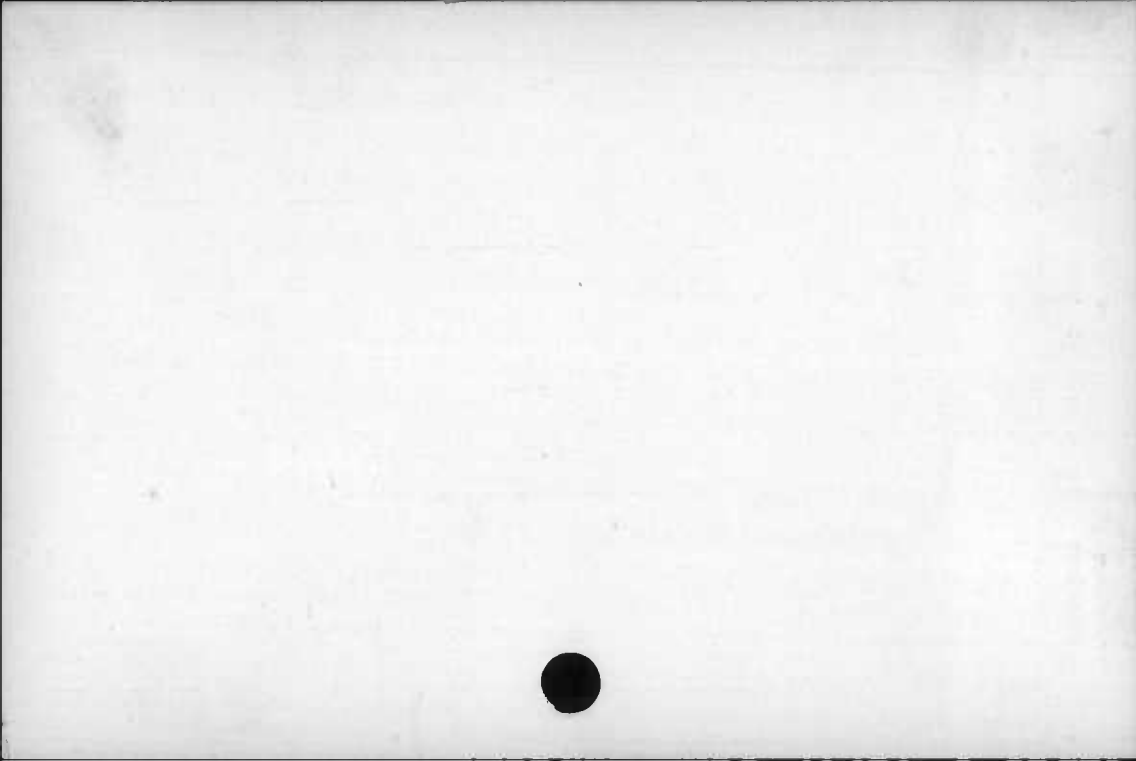
Died at		Town <i>Brook</i>		County <i>an</i>		MARYLAND	
Date of death	1900	Month	<i>Apr</i>	Day	<i>5</i>	Age	<i>3</i>
				Years	<i>3</i>	Months	<i>8</i>
						Days	
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>ma</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name		<i>Bernard O'Brien</i>				Father's Birthplace	
Mother's Maiden Name		<i>Elizabeth Brown</i>				Mother's Birthplace	
Name of person giving information		<i>Bernard O'Brien</i>				How related to deceased	
						<i>father</i>	

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever</i>	How long	<i>5 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Chas. Brooks</i>	
		Address	
		<i>Brook</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Offer* Town *Annapolis* County *A. A.*

Died at *Annapolis*

Date of death 1900 *Apr.* 21 Age *75* Months Days

Sex *Female* Color or Race *Colored* Birth-place *A. A. Co Md.*

Occupation *House wife* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of Wife or Husband *James Offer*

Father's Name *William Jones* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *James Offer* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility* How long *Months*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John Ricento* Address *Annapolis Md*

Accident or Suicide *8*



Name
in
Full

Ostrowski

(Still birth)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Curtis Bay

Anne Arundel

Date

of death 1900

Month

April

Day

13

Age

Years

—

Months

—

Days

—

Sex

male

Color or
Race

white

Birth-
place

Curtis Bay

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
Husband

—

Father's
Name

Frank Ostrowski

Father's
Birthplace

Austria

Mother's
Maiden Name

Marie Ostrowski Walega

Mother's
Birthplace

Austria

Name of person giving
Information

Frank Ostrowski

How related
to deceased

father

CAUSES OF DEATH

Primary

Prolonged Labor

How long

Still - birth

Immediate

Pressure on axillary vessels.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

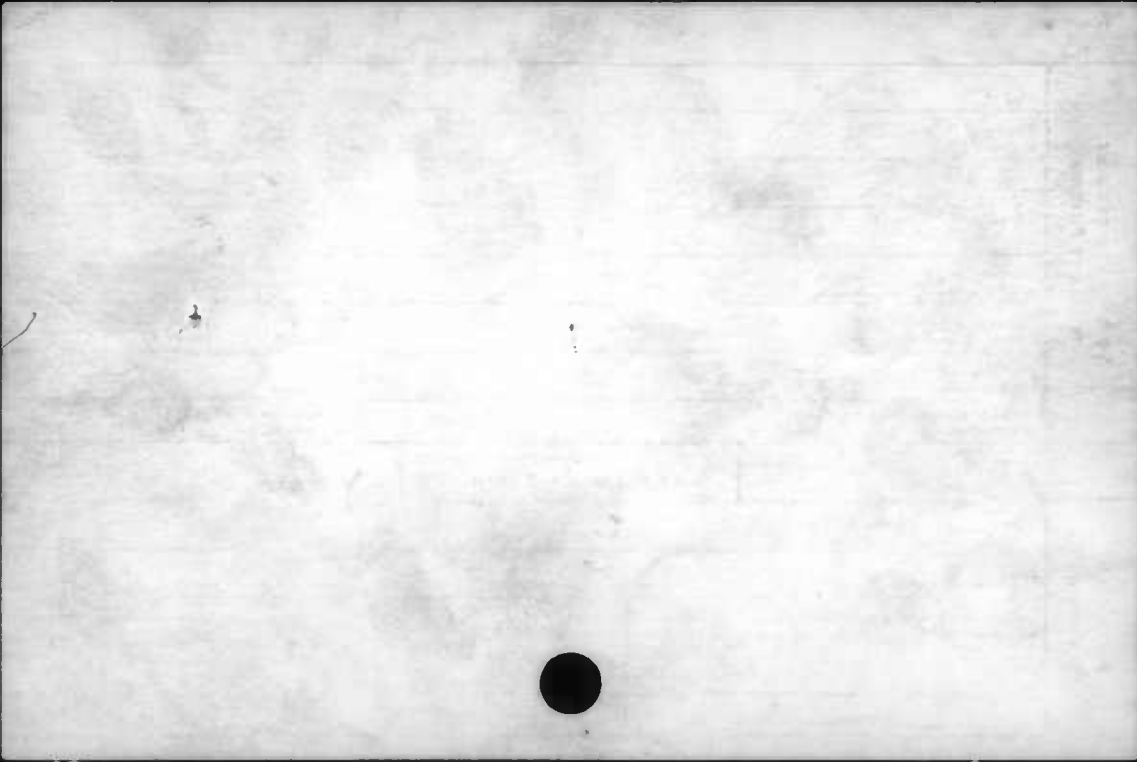
Mary Inez Dean, M.D.

Address

901 N. Calvert St.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full*Alice Owens*

CERTIFICATE OF DEATH

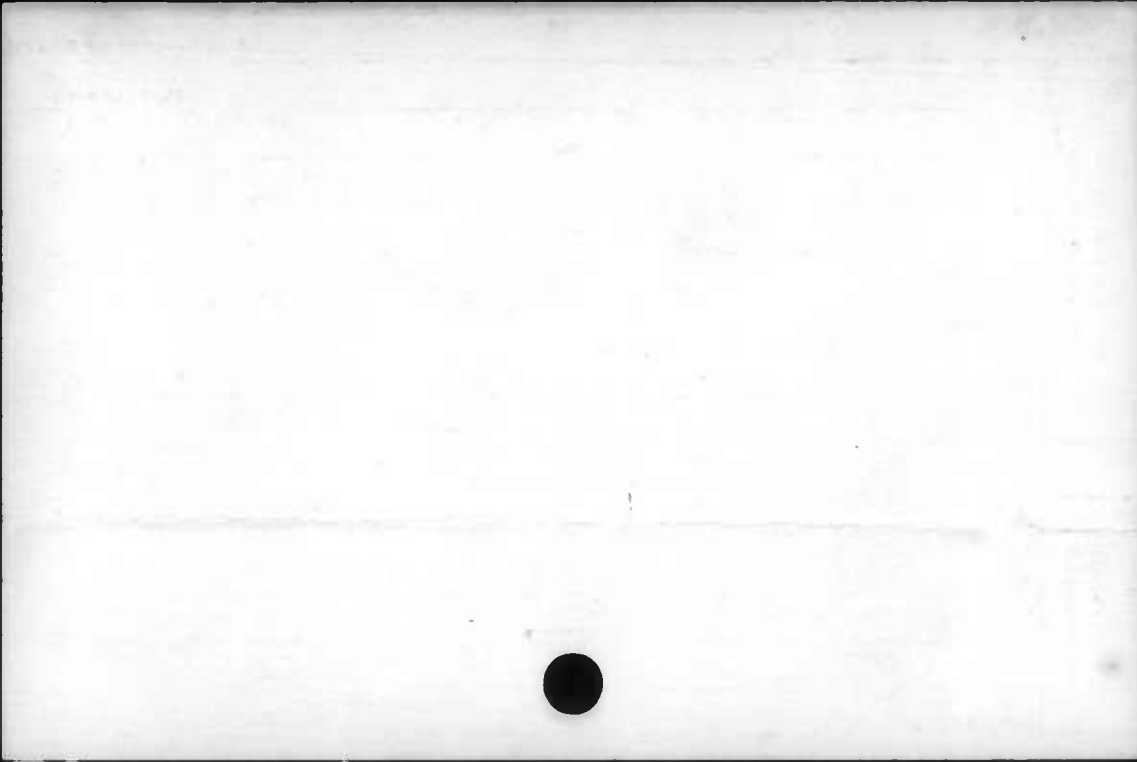
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Leon</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	19 <i>80</i>	Month <i>Apr.</i>	Day <i>23</i>	Age <i>47</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Near Bristol Md</i>
Occupation	<i>House-keeper</i>			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			<i>Lora Owens</i>			
Father's Name	<i>Charles Harold</i>			Father's Birthplace	<i>Unknown</i>		
Mother's Maiden Name	<i>Mary Harold</i>			Mother's Birthplace	<i>1</i>		
Names of person giving Information	<i>Charles H. Owens</i>			How related to deceased	<i>Son</i>		

CAUSES OF DEATH

*29*PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long
Immediate	<i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		<i>Irving D. Chaney MD</i>
		Address
		<i>Bristol Md</i>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Virginia Owens

Died at Bayards Town Annapolis County

MARYLAND

Date of death 1980 April 20 Age 68 Months — Days —

Sex Female Color or Race White Birth-place Q&C, Md

Occupation Housewife Where Residing if not at place of death Bayards

Married, ~~Single~~ or ~~Widowed~~ M Name of Wife or Husband George Owens

Father's Name Thomas Welch Father's Birthplace Q&C, Md

Mother's Maiden Name Miss Owens Mother's Birthplace Q&C, Md

Name of person giving Information John Fisher (6H) How related to deceased Son

CAUSES OF DEATH

Primary Arterio-Sclerosis How long 10 yrs

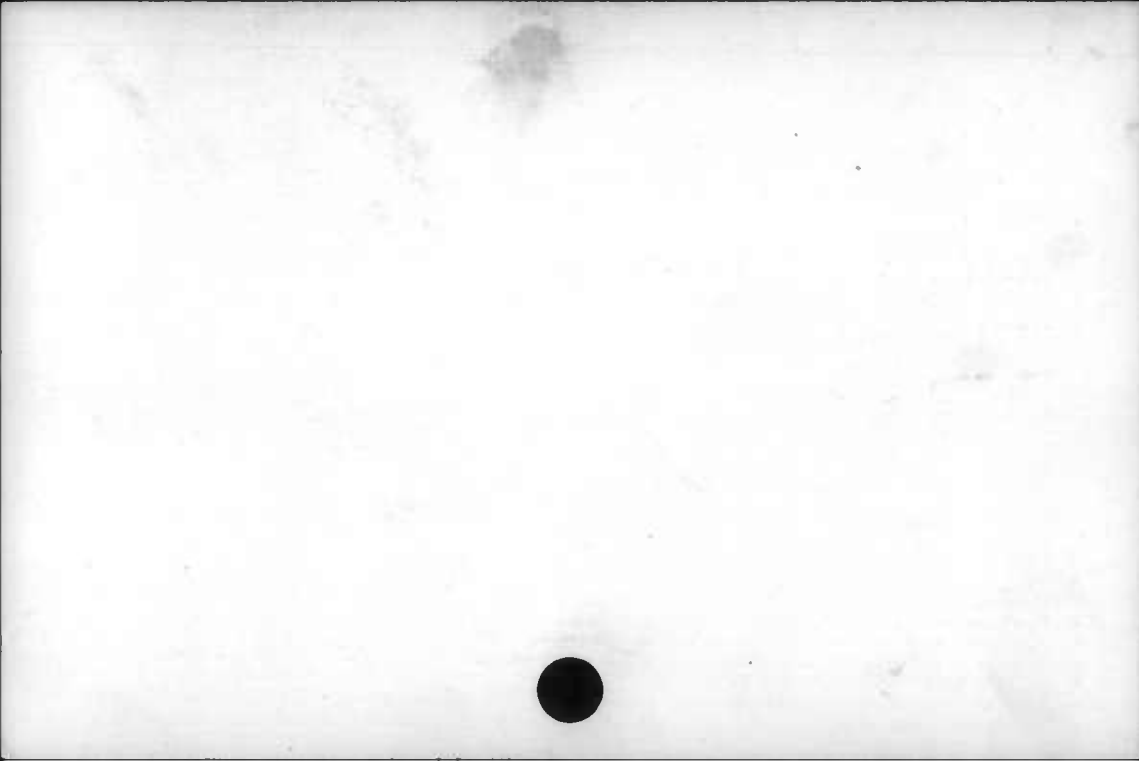
Immediate Cerebral Hemorrhage How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Duane Cawood, MD

Yes Address West River Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Charles Homer Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis ^{County} a--a--
Date of death 190 ^{Month} April ^{Day} 4 Age ^{Years} — ^{Months} 1 ^{Days} 41
Sex Male Color or Race Colord Birth-place Annapolis
Occupation — Where Residing if not at place of death 82 Clay street
Married, Single or Widowed — Name of Wife or Husband —
Father's Name James Parker Father's Birthplace Annapolis
Mother's Maiden Name Elizabeth Hall. Mother's Birthplace Annapolis
Name of person giving Information Lucy Hall How related to deceased Grand Mother

Brewerhill

CAUSES OF DEATH

Primary

Gastritis

How long

24 hrs

Immediate

Asthma

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

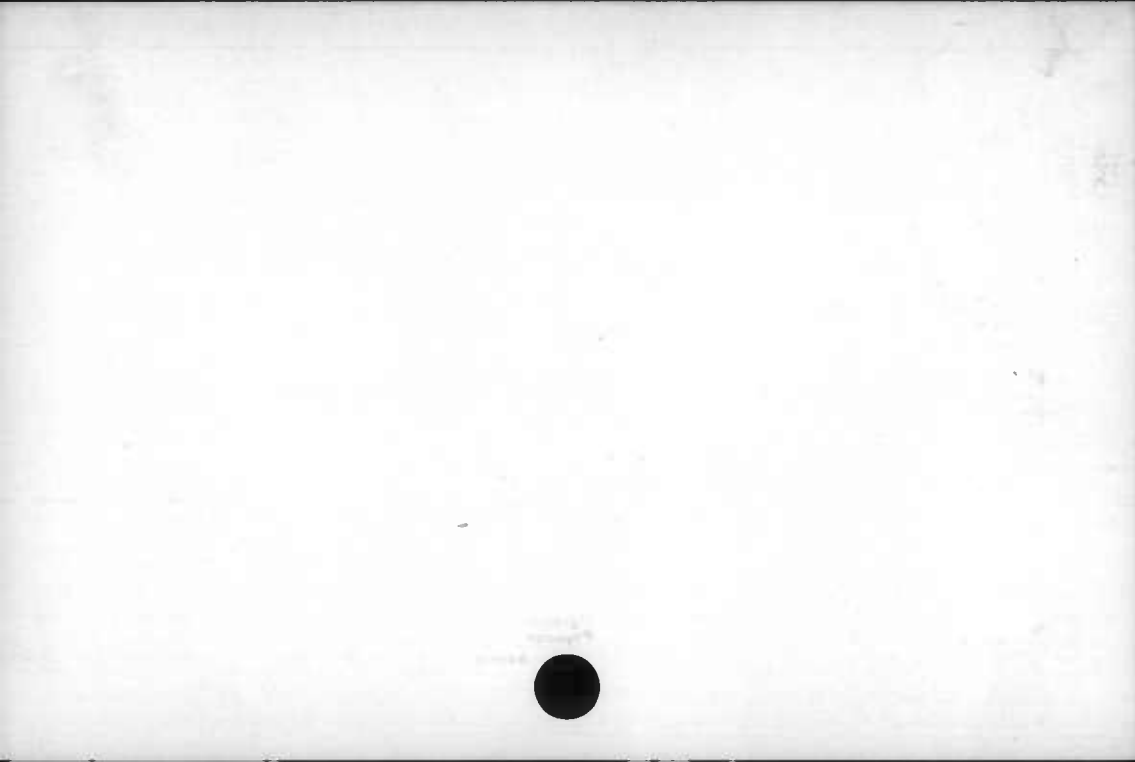
Signature of Physician

Address

Ambrose Garcia M.D.
34 Second St

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

William Lawrence Phipps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Churchton Anne Arundel MARYLAND
 Date of death 1960 April 8th Age 7 3 22
 Sex Male Color or Race White Birth-place near Churchton
 Occupation _____ Where Residing if not at place of death _____

~~Married~~ Single
~~or Widowed~~SingleName of Wife or
Husband _____Father's
NameGuy B. PhippsFather's
BirthplaceA. A. G. Md.Mother's
Maiden NameClara Delmar RogersMother's
BirthplaceA. A. G. Md.Name of person giving
InformationGuy B. PhippsHow related
to deceasedFather

CAUSES OF DEATH

(97)

PHYSICIAN
OR CORONER

Primary

Broncho-pneumonia

How long

10 days

Immediate

Asphyxia, Heart-failure

How long

24 hoursAre the name, age, sex, color, date
and place correctly given above?Yes -Signature of
PhysicianG. P. W. Wilson M.D.

Address

Churchton, Md.

Accident or Suicide



Name
in
Full

Emma Priscilla Pindell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

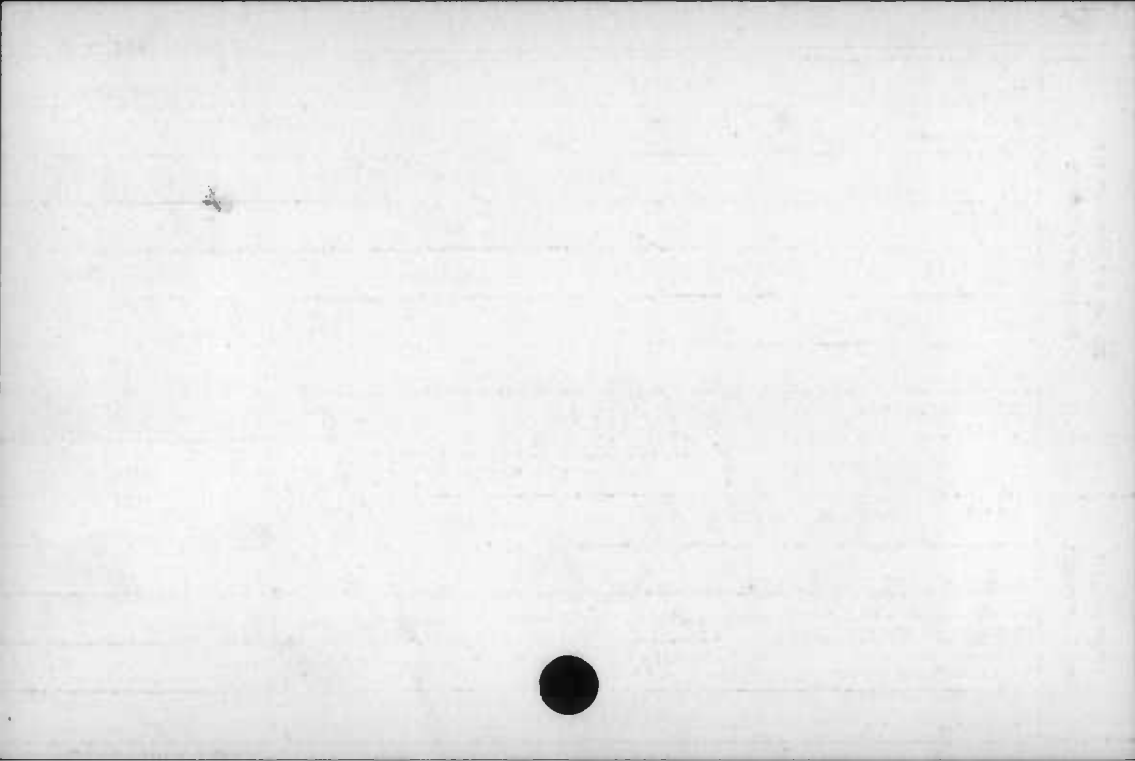
Died at <u>Mayo</u> ^{Town}		<u>Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1900</u>	<u>Apr</u> ^{Month}	<u>3</u> ^{Day}	<u>61</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>Annapolis</u>
Occupation	<u>a lady</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband			
Father's Name	<u>Thomas W. Pindell</u>			Father's Birthplace	<u>South River</u>
Mother's Maiden Name	<u>Emeline P. Lee</u>			Mother's Birthplace	<u>South River</u>
Name of person giving information	<u>(Mrs.) Chas. F. Lewis</u>			How related to deceased	<u>sister</u>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>15 days</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>John Collinson</u>	
Address		<u>6 South River</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charley Pinkney* Town *Annapolis* County *a--a--*

Died at *Annapolis* Month *April* Day *30* Age *1* Years Months Days

Date of death *190*

Sex *Male* Color or Race *Colord* Birth-place *Annapolis*

Occupation *—* Where Residing if not at place of death *74. Washington St--*

Married, Single or Widowed *—* Nama of Wifa or Husband *—*

Father's Name *Newton Pinkney* Father's Birthplace *Annapolis*

Mother's Maiden Name *Hattie Smith* Mother's Birthplace *Annapolis*

Name of person giving Information *Newton Pinkney* How related to deceased *Father*

CAUSES OF DEATH

Primary

Immediate

Are the nama, age, sax, color, date and place correctly givan above?

Accident or Suicide

Signature of
Physician

Address

PHYSICIAN
OR CORNER*Brewerhill**Dentition
Meningitis**yes*

(61) *Ridout*

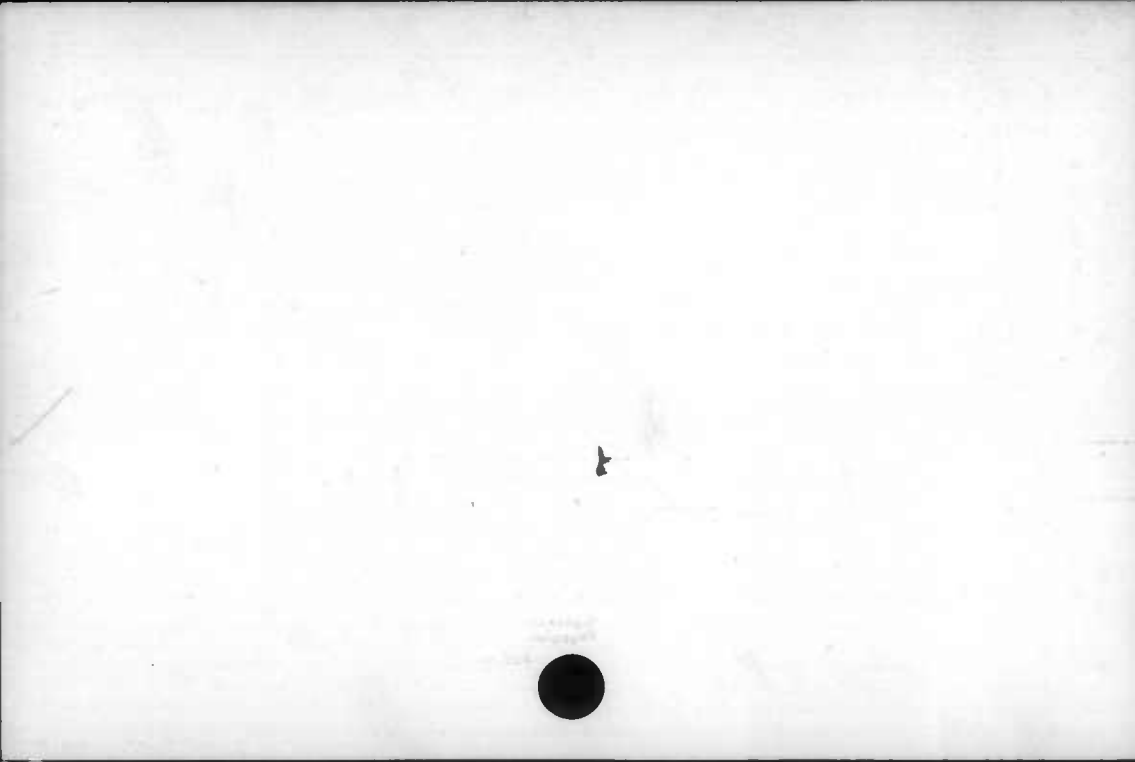
How long *Several days*

How long

John Ridout

Annapolis

md



Name
in
Full

Harcie Palaski

CERTIFICATE OF DEATH

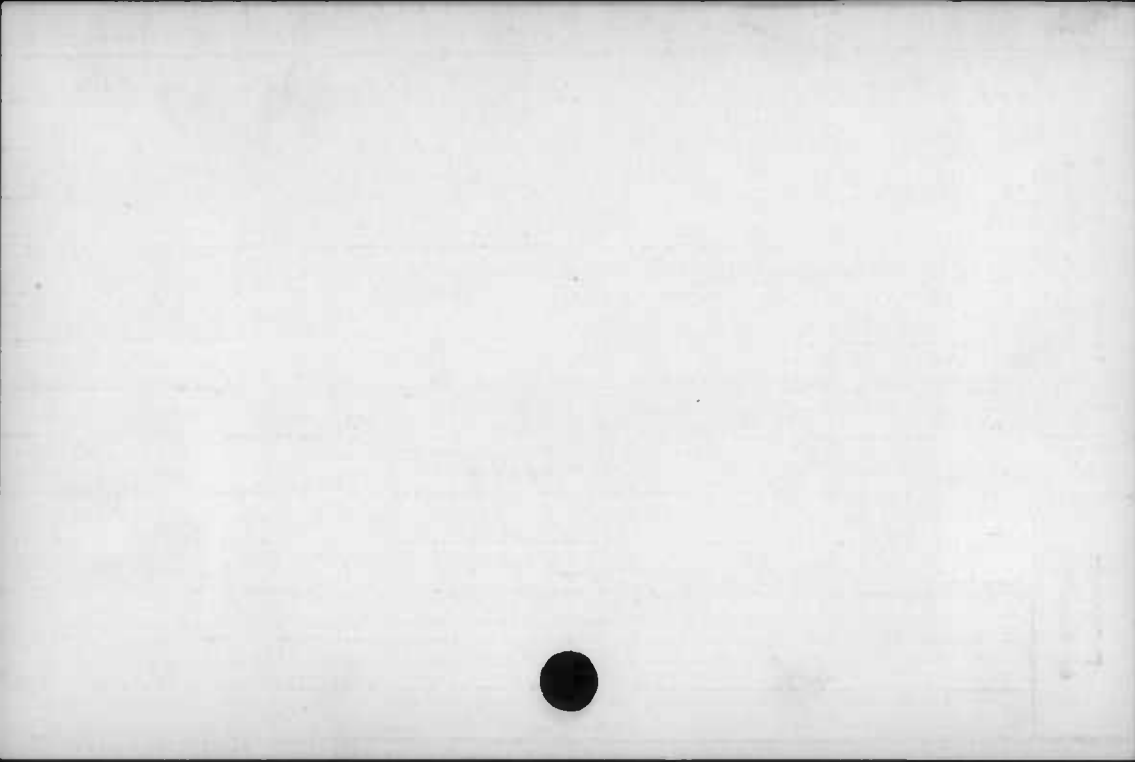
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Levin</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1918</i>	Month <i>April</i>	Day <i>25</i>	Age	Years <i>6</i> Months <i>6</i> Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Anne Arundel Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Palaski</i>			Father's Birthplace <i>Poland</i>		
Mother's Maiden Name <i>Katie Wachner</i>			Mother's Birthplace <i>Poland</i>		
Name of person giving information <i>John Palaski</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>8</i>
Immediate <i>Throoping Cough</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thomas H. Drayshan</i>
<i>Yes</i>	Address <i>Levin Annie</i>
Accident or Suicide?	



Name
in
Full

Mary H. Richardson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Annapolis Md A. A. Co

Date

Month

Day

Years

Months

Days

of death 1910

April

2

Age

34

Sex

Female

Color or
Race

Colored

Birth-
place

Annapolis Md

Occupation

Domestic work

Where Residing if not
at place of death

110 Market st

Married, Single
or Widowed

Married

Name of Wife or
Husband

Thomas Richardson

Father's
Name

Augustus Baden

Father's
Birthplace

Piney Grove Md

Mother's
Maiden Name

Jane Baden

Mother's
Birthplace

Piney Grove Md

Name of person giving
Information

Thomas Richardson

How related
to deceased

Husband

CAUSES OF DEATH

(10) ✓

Primary

Influenza

How long

Several days

Immediate

Pneumonia

How long

Heart Failure Gradual

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Ellen Ridout

MARYLAND

Died at 3rd dist. A. A.

Date of death 1901 April 13th Age 49

Sex Female Color or Race white Birthplace A. A. Co.

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband J. D. Ridout

Father's Name Thomas J. Messick Father's Birthplace Balto. Md.

Mother's Maiden Name Anna R. Ridout Mother's Birthplace A. A. Co.

Name of person giving information J. D. Ridout How related to deceased Husband

CAUSES OF DEATH

92 ✓

Primery Pneumonia How long 9 Days

Immediate Cardiac Asthma How long 1 Day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Walton H. Hopkins

Address Annapolis, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1787
1800



Name
in
Full

Karel Sercek

CERTIFICATE OF DEATH

Died at So. Balto ^{Town} Ch. A. ^{County} MARYLAND

Date of death 1910 ^{Year} Apr ^{Month} 23 ^{Day} Age — ^{Years} 2 ^{Months} — ^{Days}

Sex male Color or Race white Birth-place So. Balto, Md

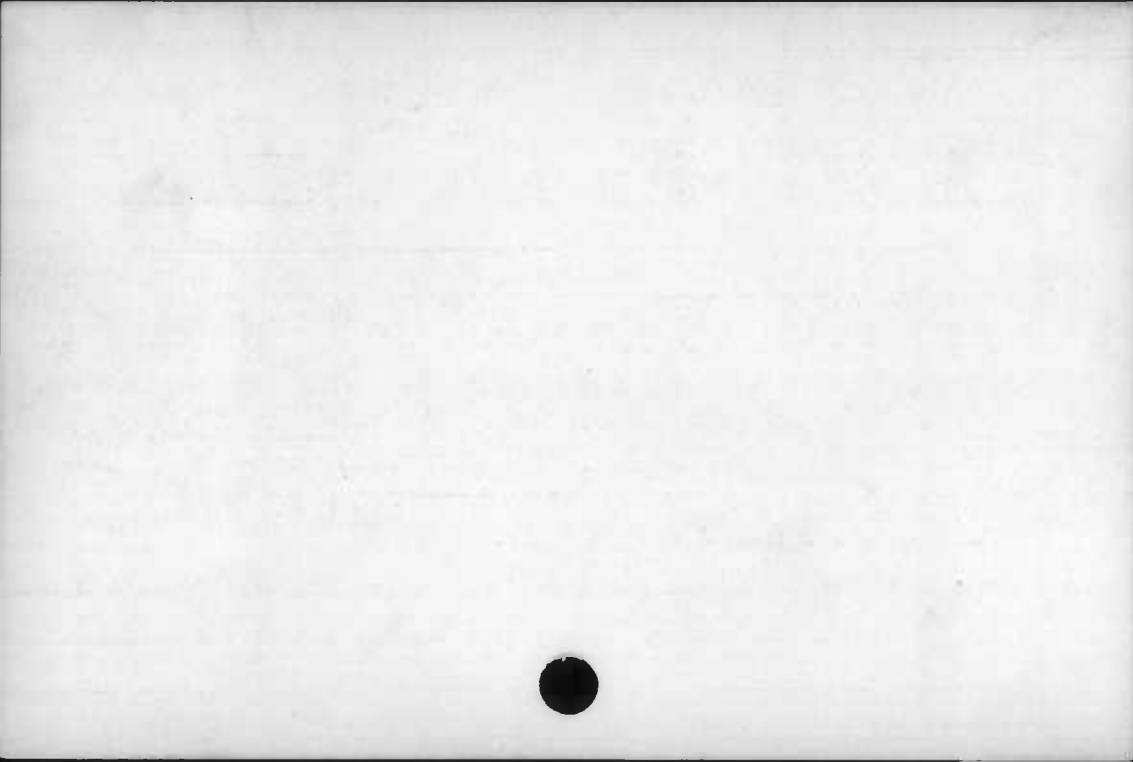
Occupation — Where Residing if not at place of death —

TO BE ANSWERED BY
NEAREST FRIENDMarried, Single
or Widowed —Name of Wife or
Husband —Father's
Name John SercekFather's
Birthplace EuropeMother's
Married Name Anne ZilinkaMother's
Birthplace EuropeName of person giving
Information John SercekHow related
to deceased Father

CAUSES OF DEATH

104 ✓

PHYSICIAN
OR CORONERPrimary IndigestionHow long 2 daysImmediate ConvulsionsHow long 2 hoursAre the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician Thos. B. Horton MdAddress So. Balto, Md.Accident or Suicide —



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Ann. Silver* Town *Eastport* County *D. A.*
Died at
Date of death 19*50* Month *Apr* Day *10* Age *47* Months *2* Days
Sex *Female* Color or Race *White* Birth-place *Germany*
Occupation *House Wife* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Joseph Silver*
Father's Name *Martin H. Silver* Father's Birthplace *Germany*
Mother's Maiden Name *Veronica Hindener* Mother's Birthplace *Germany*
Name of person giving Information *Margaret Ryan* How related to deceased *Daughter*

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary *Carcinoma of breast* How long *4 1/2 years*
Immediate *Exhaustion & Cachexia* How long *6 months*
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician *J. H. Adams* Address *Annapolis, Md.*
U.S. Naval Hospital
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

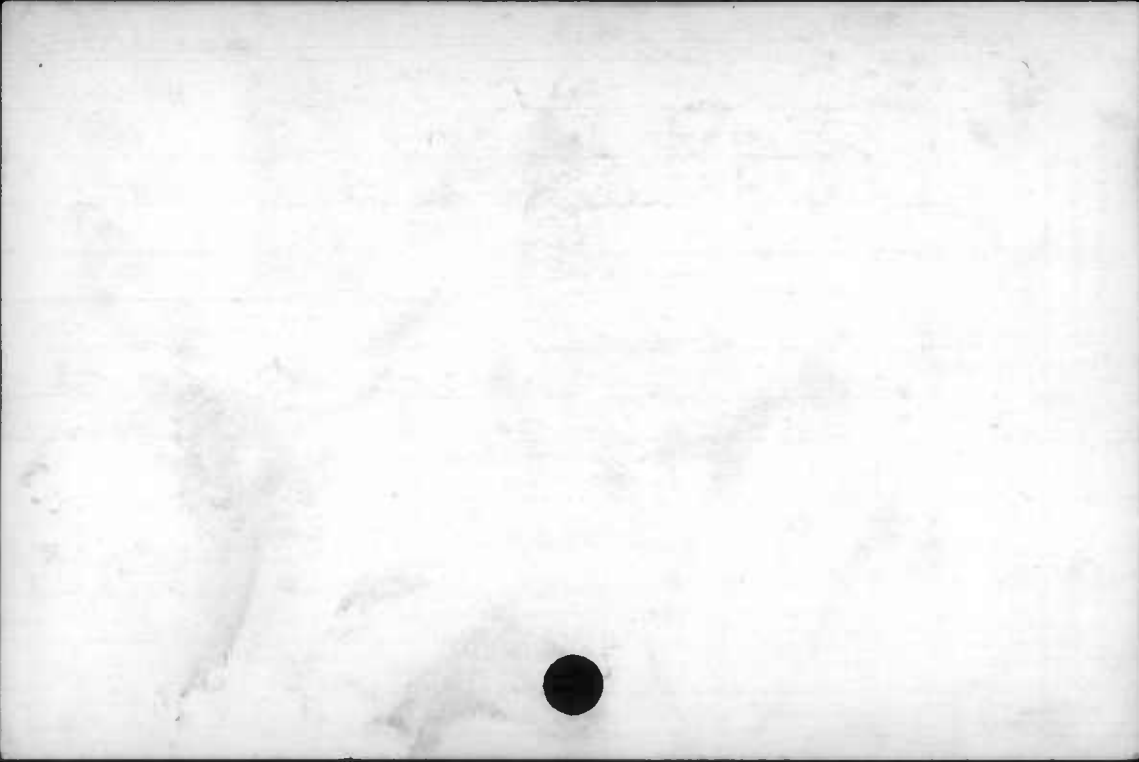
TO BE ANSWERED BY
NEAREST FRIEND

William Smallwood
Town South river County Cald
Died at
Date of death 1940 Apr 15 Age 20 Months Days
Sex Male Color or Race Colored Birth-place Unknown
Occupation Laborer Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband
Father's Name George Smallwood Father's Birthplace Unknown
Mother's Maiden Name Gertrude Thomas Mother's Birthplace Unknown
Name of person giving Information Stephen Dross How related to deceased Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Accidental Drowning How long Immediate
Immediate Drowning How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician J. D. Lee
Address Coroner
Accident or Suicide Accident Annapolis Md



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Infant Spriggs* Town *Annapolis* County *a-a* ✓
Died at
Date of death *1906* Month *April* Day *10* Age *—* Years *—* Months *—* Days *—*
Sex *Female* Color or Race *Colord* Birthplace *Annapolis*
Occupation *—* Where Residing if not at place of death *143. West St =*
Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Harry Spriggs* Father's Birthplace *Annapolis*
Mother's Maiden Name *Agnes Dove* Mother's Birthplace *Annapolis*
Name of person giving Information *Harry Spriggs* (S) How related to deceased *Father.*
Asbury. *Keener.*

CAUSES OF DEATH

Primary *Still Born* How long *—*
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *P. P. Keener*
Address *60 Cathedral St.
Annapolis Md.*
Accident or Suicide *no*



Name
in
Full

Emma Taylor

CERTIFICATE OF DEATH

Died at Portland ^{Town} Anne Arundel ^{County} MARYLAND

Date of death 1900 ^{Month} April ^{Day} 28 ^{Years} 45 ^{Months} — ^{Days} —

Sex Female Color or Race Colored Birth-place Maryland

Occupation house work Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Chas Taylor

Father's Name Nathan Allan Father's Birthplace Maryland

Mother's Maiden Name Adeline Haines Mother's Birthplace Maryland

Name of person giving Information Schuler Allan How related to deceased Brother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Paralysis - 64 ^{How long} 2 mos

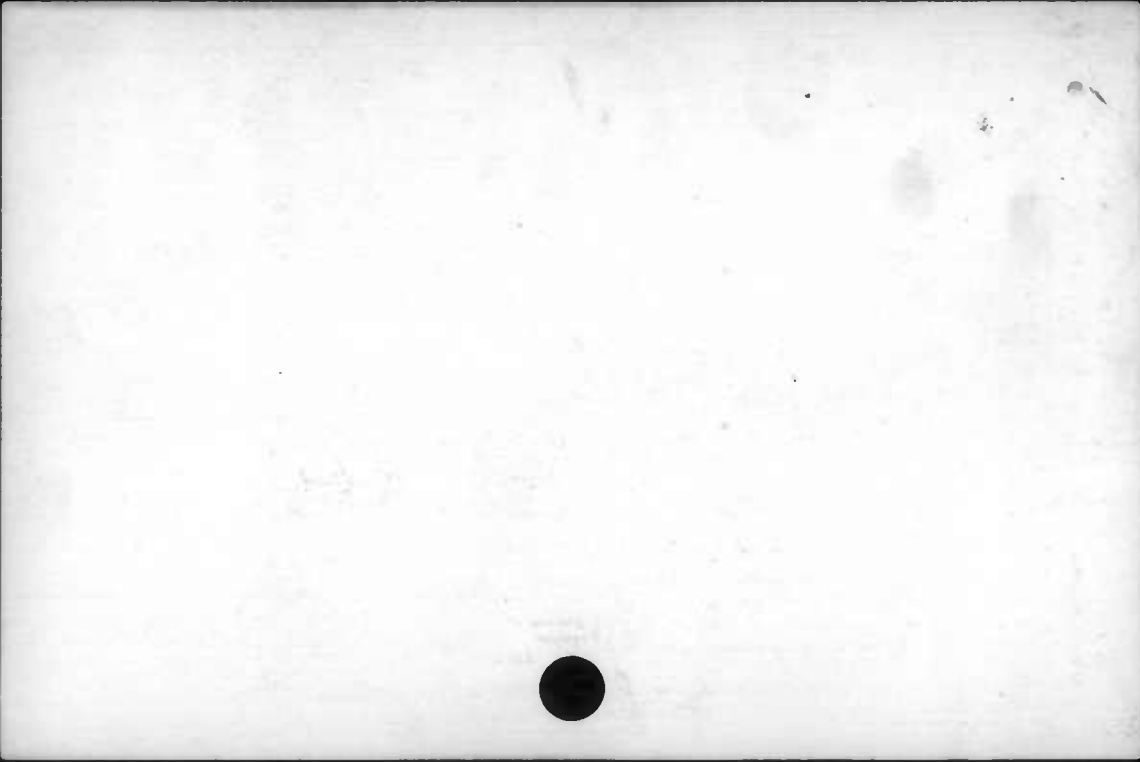
Immediate Cerebral hemorrhage ^{How long} 24 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician O. J. M. Mearns

Address Odenton

Accident or Suicide —

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lizzie Thomas</i>		Town <i>Pasadena</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1910 April 21</i>		<i>76</i>			
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>A A Co</i>			
Occupation <i>Servant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>don't know</i>		Father's Birthplace <i>✓</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>✓</i>					
Name of person giving information <i>Maria Pitts</i>		How related to deceased <i>don't know</i>					

CAUSES OF DEATH

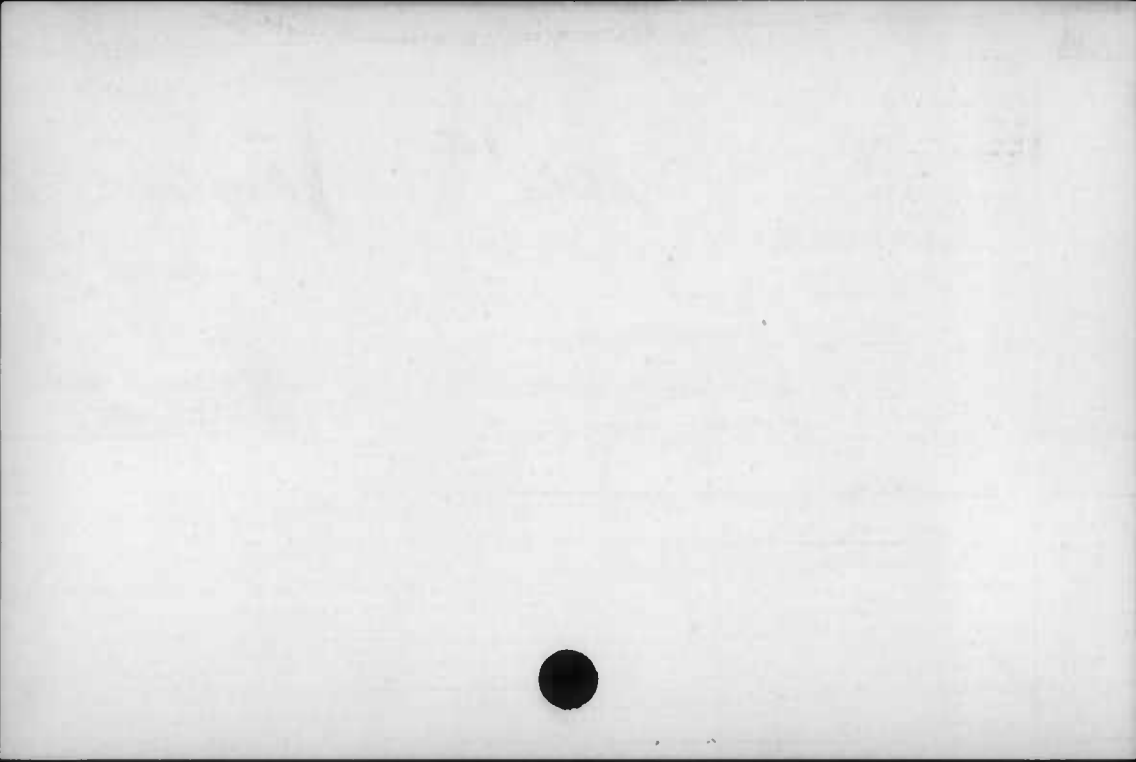
Primary <i>Rheumatism</i>	How long <i>6 months</i>
Immediate <i>Heart failure</i>	How long <i>1 hour</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Anchor Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Adenton Town Q. A. County MARYLAND

Date of death 1980 Month Apr. Day 27 Age 15 Years Months Days

Sex Male Color or Race White Birth-place Maryland

Occupation Saboteur Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name John Turner Father's Birthplace Maryland

Mother's Maiden Name Mary E. Bowman Mother's Birthplace Maryland

Name of person giving Information John Turner How related to deceased Father

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Grip How long 2 wks.

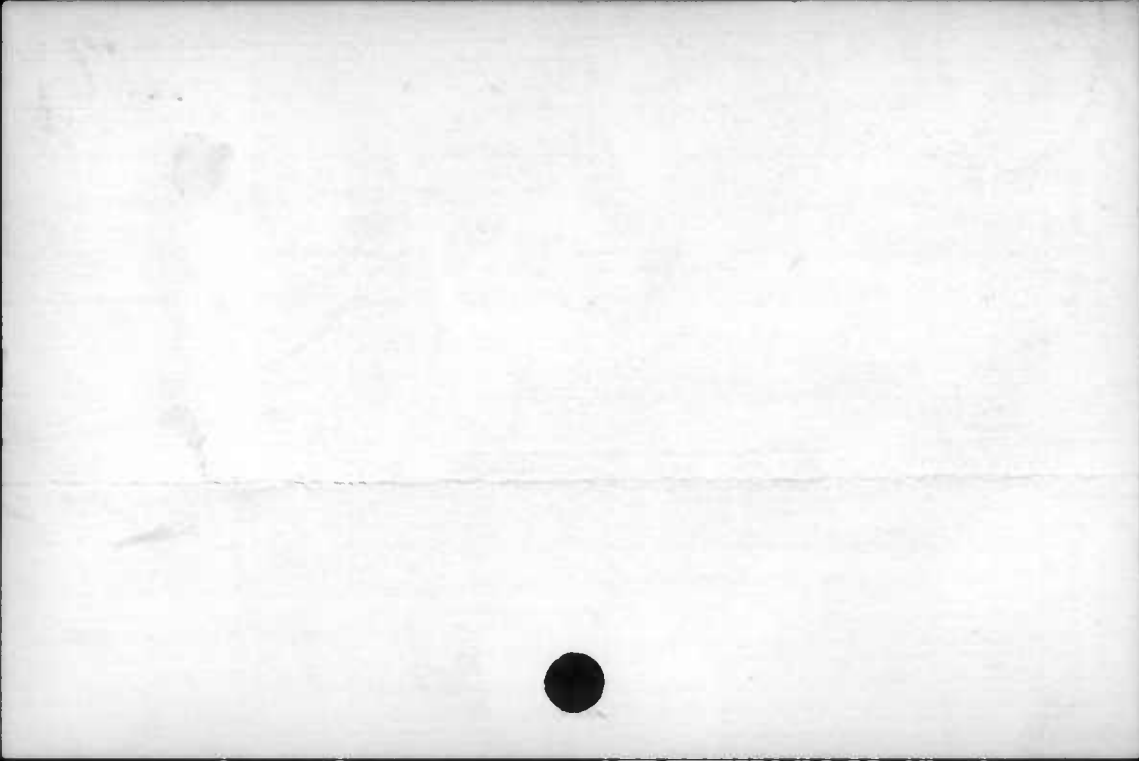
Immediate Endocarditis How long 6

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician A. B. Gault

Address Millersville

Accident or Suicide 8



Name
in
Full

William Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pasadena</u> Town		<u>aa</u> County		MARYLAND	
Date of death	<u>1910</u>	Month <u>April</u>	Day <u>14</u>	Age <u>86</u> Years	Months <u>2</u> Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>aa</u>		
Occupation <u>Retired merchant</u>			Where Residing if not at place of death <u>Pasadena</u>		
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Ellen Grace</u>			
Father's Name <u>Don't know</u>			Father's Birthplace <u>aa</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>aa</u>		
Name of person giving information <u>Elmer Grace</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>General debility</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thomas H. Gray Shaw</u>
<u>Yes</u>	Address <u>Gen. Bumie</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jack Haven
Died at Fresno Town Alameda County
Date of death 1980 Apr Month 21 Day Age 26 Years
Sex Male Color or Race black Birthplace _____
Occupation Subway Where Residing if not at place of death at place of death
Married, Single or Widowed Single Name of Wife or Husband _____
Father's Name Unknown Father's Birthplace _____
Mother's Maiden Name Unknown Mother's Birthplace _____
Name of person giving Information Mr. Cole How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 6 mos.
Immediate Pulmonary Haemorrhage How long 2 minutes
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P. M. [Signature]
Address Laurel
Accident or Suicide No



Name
in
Full

Lucy Berry Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Chesterfield* ^{County} *Anne Arundel* **MARYLAND**

Date of death ^{Month} *April* ^{Day} *24* ^{Years} *33* ^{Months} *6* ^{Days} *18*

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Benjamin Watkins*

Father's Name *Thomas B. Beall* Father's Birthplace *Virginia*

Mother's Maiden Name *Marion Berry* Mother's Birthplace *Baltimore*

Name of person giving Information *Benjamin Watkins* How related to deceased *Husband*

CAUSES OF DEATH

50 ✓

PHYSICIAN
OR CORONER

Primary *Diabetes* How long *4 years*

Immediate *Corn* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

John Collinson
South River
Md.

Accident or Suicide



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDAnn M. Whittington
Town County

Died at Annapolis

Date

of death 1900

Month

Apr.

Day

2

Years

Age

64

Months

Days

Sex
Occupation

Male

Color or
Race

White

Birth-
place

A. S. Co Ma

House Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

A. Franklin Whittington

Father's
Name

Edward Hall

Father's
Birthplace

Unknown

Mother's
Maiden Name

Henrietta Hall

Mother's
Birthplace

Unknown

Name of person giving
Information

Mary E. Duwall

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Carcinoma of Ovary

How long

One year

Immediate

Asthma

How long

4 or 5 mds

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

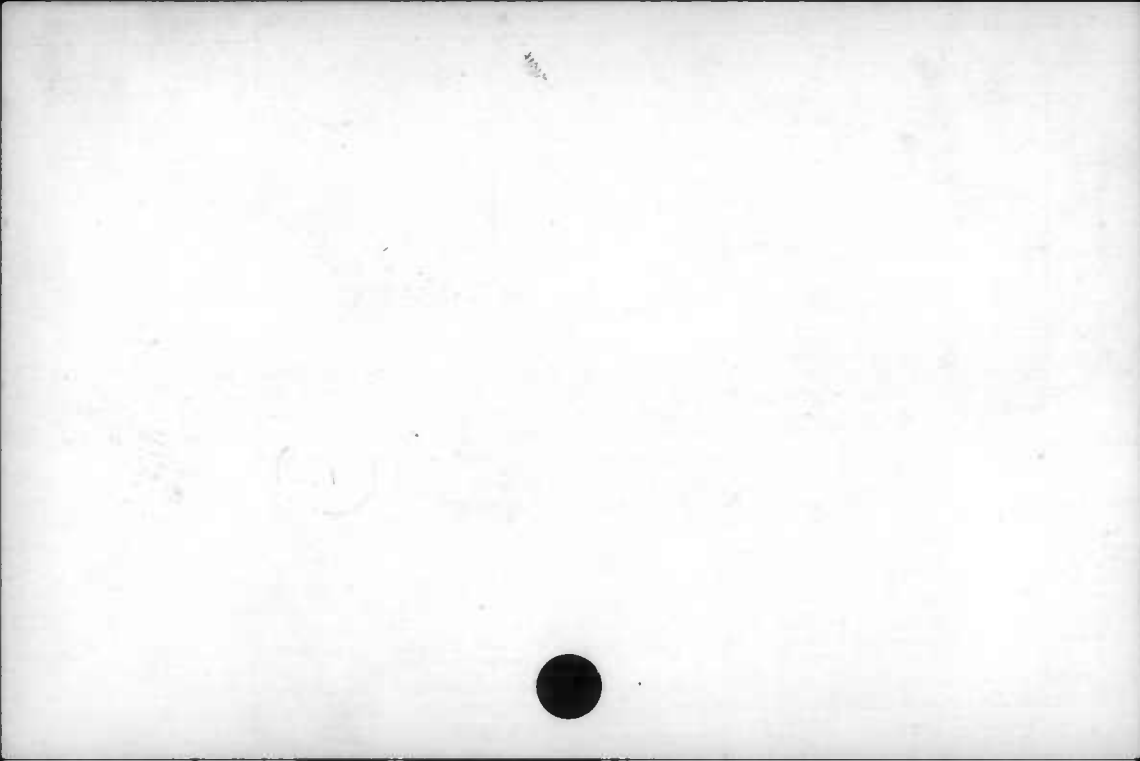
Address

J. H. Prouis
Annapolis
Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

Earl Dunlap Wilson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Not. Hopkirk* County *A.A. Co.* **MARYLAND**

Died at *Not. Hopkirk*

Date of death *1900* Month *April* Day *16* Age *22-8* Months *6* Days *0*

Sex *Male* Color or Race *White* Birth-place *Ky.*

Occupation *Midshipman 4571.* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Unknown Wm B. Wilson* Father's Birthplace

Mother's Maiden Name *Unknown.* Mother's Birthplace

Name of person giving Information *From My Records.* How related to deceased *None*

PHYSICIAN
OR CORONER

Injured in foot ball game. **CAUSES OF DEATH.** *(51-4.)* **(164)** **(172)**

Primary *Fracture 5th Cerv. vert.* How long *Six months*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. H. H.* Address *Surgeon. U.S.A.*

Accident or Suicide *Accident*

